

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/28/2021 7:34 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/28/2021 Time: 7:34 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH CROWN POINT (15-0126) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	358,375	-64,869	0	0	1.00
2.00 Subprovider - IPF	0	0	0			0 2.00
3.00 Subprovider - IRF	0	0	0			0 3.00
5.00 Swing Bed - SNF	0	0	0			0 5.00
6.00 Swing Bed - NF	0	0	0			0 6.00
200.00 Total	0	358,375	-64,869	0	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 7:34 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1201 SOUTH MAIN STREET			PO Box:						1.00	
2.00	City: CROWN POINT			State: IN		Zip Code: 46307		County:		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		FRANCISCAN HEALTH CROWN POINT	150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		20.00	
21.00	Type of Control (see instructions)						1		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	Y		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		196	17	139	76	5,536		154	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126			Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 7:34 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	N		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					Y	Y		57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	N				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1		60.01

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	23.01		1			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01		1			
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count				
		1.00	2.00	3.00	4.00				
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20			
						1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
		Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospi- tal	Ratio (col. 1/ (col. 1 + col. 2))					
		1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-2
Part I
Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	EMERGENCY MED	3450	0.00	2.08	0.000000	67.00		
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
					Respiratory
					4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 7:34 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	932,692	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 7:34 pm	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FRANCISCAN ALLIANCE	Contractor's Name: WISCONSIN PHYSICIAN SERVICES (WPS)		Contractor's Number: 08001		141.00	
142.00	Street: 1717 W BROADWAY	PO Box:		Zip Code: 53713-1834		142.00	
143.00	City: MADISON	State:		143.00			
144.00 Are provider based physicians' costs included in Worksheet A?							
Y							
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
Y							
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
N							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
N							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
N							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
N							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
N							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							
0.00							
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
Y							
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
168.01							
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							
9.99							
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
170.00							
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
N							
0							

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/28/2021 7:34 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/20/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/18/2021	Y	04/18/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N	04/18/2021	N	04/18/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/28/2021 7:34 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SCOTT	HOVE		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 852-7640	SCOTT.HOVE@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
7/28/2021 7:34 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. ANALYST - FINANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	54,900	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		150	54,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	20	7,320	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,272	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		192				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,350	389	28,459			1.00
2.00 HMO and other (see instructions)	5,422	3,328				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,350	389	28,459			7.00
8.00 INTENSIVE CARE UNIT	1,726	162	3,860			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	1,247	2,420			12.00
13.00 NURSERY		838	2,133			13.00
14.00 Total (see instructions)	15,076	2,636	36,872	0.00	0.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	0.00	27.00
28.00 Observation Bed Days		776	3,916			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	154	422			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,085	628	8,879	1.00
2.00 HMO and other (see instructions)				963	711		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		3,085	628	8,879	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
7/28/2021 7:34 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	77,401,139	0	77,401,139	2,088,430.00	37.06
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		244,599	0	244,599	4,326.40	56.54
8.00	Home office and/or related organization personnel		12,126,223	0	12,126,223	333,325.00	36.38
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,608,301	0	1,608,301	34,468.61	46.66
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		313,944	0	313,944	5,602.50	56.04
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		604,195	0	604,195	4,804.00	125.77
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		15,117,745	0	15,117,745	415,556.00	36.38
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,789,228	0	18,789,228		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		411,504	0	411,504		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,461,885	0	4,461,885		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
7/28/2021 7:34 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,103,669	0	1,103,669	30,268.00	36.46	26.00
27.00	Administrative & General	16,619,888	0	16,619,888	594,688.00	27.95	27.00
28.00	Administrative & General under contract (see inst.)	764,772	0	764,772	6,971.00	109.71	28.00
29.00	Maintenance & Repairs	1,072,745	0	1,072,745	32,593.85	32.91	29.00
30.00	Operation of Plant	1,563,898	0	1,563,898	54,778.82	28.55	30.00
31.00	Laundry & Linen Service	80,604	0	80,604	5,782.21	13.94	31.00
32.00	Housekeeping	1,664,583	0	1,664,583	107,952.64	15.42	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,217,759	-852,437	365,322	20,695.84	17.65	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	852,437	852,437	48,293.00	17.65	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,936,803	0	1,936,803	48,841.99	39.65	38.00
39.00	Central Services and Supply	339,323	0	339,323	19,853.93	17.09	39.00
40.00	Pharmacy	2,249,050	0	2,249,050	55,751.17	40.34	40.00
41.00	Medical Records & Medical Records Library	532,008	0	532,008	13,092.50	40.63	41.00
42.00	Social Service	1,779,164	0	1,779,164	48,431.26	36.74	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part III
Date/Time Prepared:
7/28/2021 7:34 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	65,795,089	0	65,795,089	1,757,749.60	37.43	1.00
2.00	Excluded area salaries (see instructions)	1,608,301	0	1,608,301	34,468.61	46.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,186,788	0	64,186,788	1,723,280.99	37.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,035,884	0	16,035,884	425,962.50	37.65	4.00
5.00	Subtotal wage-related costs (see inst.)	23,251,113	0	23,251,113	0.00	36.22	5.00
6.00	Total (sum of lines 3 thru 5)	103,473,785	0	103,473,785	2,149,243.49	48.14	6.00
7.00	Total overhead cost (see instructions)	30,924,266	0	30,924,266	1,087,994.21	28.42	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/28/2021 7:34 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,304,163	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	7,083,140	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,570,574	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	633,155	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,203	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	437,778	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	666,740	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,414,916	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	89,203	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,223,872	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/28/2021 7:34 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/28/2021 7:34 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.240484	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,043,344	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		104,404,600	6.00	
7.00	Medicaid cost (line 1 times line 6)		25,107,636	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,064,292	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,064,292	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,624,316	3,606,890	18,231,206	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,516,914	3,606,890	7,123,804	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,516,914	3,606,890	7,123,804	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,744,636	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		343,715	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		528,792	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		8,215,844	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,160,856	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,284,660	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,348,952	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/28/2021 7:34 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified Trial Balance (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		22,551,311	22,551,311	-6,721,798	15,829,513	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,058,816	6,058,816	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,103,669	802,396	1,906,065	-1,705	1,904,360	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,619,888	39,757,651	56,377,539	-5,076,712	51,300,827	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,072,745	3,536,410	4,609,155	0	4,609,155	6.00
7.00	00700	OPERATION OF PLANT	1,563,898	3,704,271	5,268,169	0	5,268,169	7.00
7.01	00701	OPERATION OF PLANT - FP	0	841,165	841,165	0	841,165	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	80,604	629,208	709,812	0	709,812	8.00
9.00	00900	HOUSEKEEPING	1,577,014	752,015	2,329,029	0	2,329,029	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	87,569	48,928	136,497	0	136,497	9.01
10.00	01000	DIETARY	1,217,759	1,144,950	2,362,709	-1,653,907	708,802	10.00
11.00	01100	CAFETERIA	0	0	0	1,653,907	1,653,907	11.00
13.00	01300	NURSING ADMINISTRATION	1,936,803	732,281	2,669,084	0	2,669,084	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	339,323	750,309	1,089,632	0	1,089,632	14.00
15.00	01500	PHARMACY	2,249,050	7,173,998	9,423,048	-5,914,332	3,508,716	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	532,008	156,634	688,642	0	688,642	16.00
17.00	01700	SOCIAL SERVICE	1,779,164	1,149,493	2,928,657	0	2,928,657	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	244,803	244,803	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	202,731	221,491	424,222	-2,569	421,653	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	55,897	18,046	73,943	0	73,943	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,998,380	7,929,021	27,927,401	-1,445,571	26,481,830	30.00
31.00	03100	INTENSIVE CARE UNIT	3,271,113	1,573,757	4,844,870	-96,053	4,748,817	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,792,791	1,334,336	3,127,127	-38,079	3,089,048	35.00
43.00	04300	NURSERY	0	0	0	1,279,300	1,279,300	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,332,522	20,956,667	25,289,189	-14,341,352	10,947,837	50.00
51.00	05100	RECOVERY ROOM	330,328	165,637	495,965	-19,539	476,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,245	48,100	167,345	-120	167,225	52.00
53.00	05300	ANESTHESIOLOGY	66,526	1,417,789	1,484,315	-37,271	1,447,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,203,733	4,798,373	10,002,106	-250,966	9,751,140	54.00
54.01	05401	RADIOLOGY - I-65	410,024	166,776	576,800	-1,083	575,717	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	32,184	24,062	56,246	0	56,246	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	896,530	3,314,371	4,210,901	-2,726,350	1,484,551	55.01
55.02	03140	CARDIOLOGY	807,259	433,535	1,240,794	-151,524	1,089,270	55.02
55.03	03450	NEURO-DIAGNOSTICS	350,041	172,855	522,896	-92	522,804	55.03
60.00	06000	LABORATORY	0	10,148,418	10,148,418	-10,273	10,138,145	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,167,110	589,345	1,756,455	-16,065	1,740,390	65.00
66.00	06600	PHYSICAL THERAPY	602,790	196,954	799,744	-97	799,647	66.00
66.01	06601	PHYSICAL THERAPY I-65	550,860	159,902	710,762	-1,028	709,734	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	102,987	65,568	168,555	-932	167,623	66.02
67.00	06700	OCCUPATIONAL THERAPY	212,195	57,459	269,654	-157	269,497	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	88,878	24,348	113,226	-171	113,055	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	14,192	4,147	18,339	0	18,339	67.02
68.00	06800	SPEECH PATHOLOGY	149,418	40,145	189,563	0	189,563	68.00
68.01	06801	SPEECH PATHOLOGY I-65	125,977	33,749	159,726	0	159,726	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	5,266	1,341	6,607	-24	6,583	68.02
69.00	06900	ELECTROCARDIOLOGY	270,503	89,822	360,325	-216	360,109	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,119,321	3,119,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,677,996	14,677,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,126,842	6,126,842	73.00
74.00	07400	RENAL DIALYSIS	0	337,461	337,461	-288	337,173	74.00
76.00	03020	RADIATION ONCOLOGY	327,714	537,444	865,158	-3,314	861,844	76.00
76.01	03040	ANGIOCARDIOGRAPHY	183,209	66,464	249,673	0	249,673	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	38,906	11,492	50,398	0	50,398	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	821,416	459,938	1,281,354	-47,843	1,233,511	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	9,217	2,927	12,144	0	12,144	90.04
91.00	09100	EMERGENCY	3,352,030	3,692,610	7,044,640	-82,709	6,961,931	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	53,805	53,805	5,492,996	5,546,801	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,051,466	142,879,175	218,930,641	11,841	218,942,482	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet A Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	947,303	-197,235	750,068	-66	192.00
194.00	07950	FHC	0	416	416	0	194.00
194.01	07951	CONVENT	0	3,874	3,874	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	616,179	616,179	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	-1,151	-1,151	0	194.03
194.04	07954	CENTER OF HOPE	402,370	255,603	657,973	-11,775	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	77,401,139	143,556,861	220,958,000	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,084,037	10,745,476	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-317,506	5,741,310	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,668,079	3,572,439	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,495,785	46,805,042	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,609,155	6.00
7.00	00700	OPERATION OF PLANT	-205,180	5,062,989	7.00
7.01	00701	OPERATION OF PLANT - FP	0	841,165	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	709,812	8.00
9.00	00900	HOUSEKEEPING	-31	2,328,998	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	136,497	9.01
10.00	01000	DIETARY	-99,247	609,555	10.00
11.00	01100	CAFETERIA	-636,709	1,017,198	11.00
13.00	01300	NURSING ADMINISTRATION	-16,808	2,652,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-208,363	881,269	14.00
15.00	01500	PHARMACY	276,005	3,784,721	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,497,643	2,186,285	16.00
17.00	01700	SOCIAL SERVICE	-273,721	2,654,936	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	244,803	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-115,753	305,900	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-72,930	1,013	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-212,918	26,268,912	30.00
31.00	03100	INTENSIVE CARE UNIT	-18,470	4,730,347	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-684,630	2,404,418	35.00
43.00	04300	NURSERY	0	1,279,300	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,754,548	4,193,289	50.00
51.00	05100	RECOVERY ROOM	0	476,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-42	167,183	52.00
53.00	05300	ANESTHESIOLOGY	-1,259,894	187,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-41,253	9,709,887	54.00
54.01	05401	RADIOLOGY - I-65	0	575,717	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	-1,421	54,825	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-2,201	1,482,350	55.01
55.02	03140	CARDIOLOGY	-7,735	1,081,535	55.02
55.03	03450	NEURO-DIAGNOSTICS	-22,259	500,545	55.03
60.00	06000	LABORATORY	-22,663	10,115,482	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-12,159	1,728,231	65.00
66.00	06600	PHYSICAL THERAPY	32	799,679	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	709,734	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	-2,349	165,274	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	269,497	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	113,055	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	18,339	67.02
68.00	06800	SPEECH PATHOLOGY	0	189,563	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	159,726	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	6,583	68.02
69.00	06900	ELECTROCARDIOLOGY	-2,489	357,620	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,119,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,677,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,126,842	73.00
74.00	07400	RENAL DIALYSIS	0	337,173	74.00
76.00	03020	RADIATION ONCOLOGY	-6,273	855,571	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	249,673	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4,776	4,776	90.00
90.01	09001	DIABETES CLINIC	0	50,398	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-3,140	1,230,371	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	12,144	90.04
91.00	09100	EMERGENCY	-2,181,141	4,780,790	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,546,801	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,861,921	194,080,561	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	750,002	192.00
194.00	07950	FHC	0	416	194.00
194.01	07951	CONVENT	0	3,874	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	616,179	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	-1,151	194.03
194.04	07954	CENTER OF HOPE	0	646,198	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-24,861,921	196,096,079	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	852,437	801,470	1.00
	O		852,437	801,470	
B - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	204	1.00
	COSTS APPRV			204	
	O		0		
D - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,974,704	1.00
	O		0	5,974,704	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,119,321	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	O		0	3,119,321	
F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	84,112	1.00
	O		0	84,112	
G - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	244,599	1.00
	COSTS APPRV			244,599	
	O		0		
H - INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,101,635	1.00
	O		0	1,101,635	
I - NURSERY					
1.00	NURSERY	43.00	921,125	358,175	1.00
	O		921,125	358,175	
J - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,126,842	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	O		0	6,126,842	
K - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,677,996	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
			0	14,677,996	
L - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	438,653	1.00
2.00	INTEREST EXPENSE	113.00	0	5,931,649	2.00
			0	6,370,302	
500.00	Grand Total: Increases		1,773,562	38,859,360	500.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/28/2021 7:34 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	852,437	801,470	0	1.00
	O		852,437	801,470		
B - MEDICAL EDUCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	204	0	1.00
	O		0	204		
D - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,974,704	9	1.00
	O		0	5,974,704		
E - CHARGEABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,705	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,895	0	2.00
3.00	PHARMACY	15.00	0	356	0	3.00
4.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	2,425	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	164,786	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	91,566	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	38,079	0	7.00
8.00	OPERATING ROOM	50.00	0	1,599,831	0	8.00
9.00	RECOVERY ROOM	51.00	0	19,539	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	120	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	37,271	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	212,183	0	12.00
13.00	RADIOLOGY - I-65	54.01	0	1,083	0	13.00
14.00	CARDIAC CATHETERIZATION LAB	55.01	0	821,121	0	14.00
15.00	CARDIOLOGY	55.02	0	1,815	0	15.00
16.00	NEURO-DIAGNOSTICS	55.03	0	92	0	16.00
17.00	LABORATORY	60.00	0	10,192	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	15,357	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	97	0	19.00
20.00	PHYSICAL THERAPY I-65	66.01	0	1,028	0	20.00
21.00	PHYSICAL THERAPY ST JOHN	66.02	0	932	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	157	0	22.00
23.00	OCCUPATION THERAPY I-65	67.01	0	171	0	23.00
24.00	SPEECH THERAPY ST. JOHN	68.02	0	24	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	216	0	25.00
26.00	RENAL DIALYSIS	74.00	0	288	0	26.00
27.00	RADIATION ONCOLOGY	76.00	0	3,314	0	27.00
28.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	11,370	0	28.00
29.00	EMERGENCY	91.00	0	82,242	0	29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	66	0	30.00
	O		0	3,119,321		
F - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	84,112	12	1.00
	O		0	84,112		
G - INTERNS AND RESIDENTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	244,599	0	1.00
	O		0	244,599		
H - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,101,635	12	1.00
	O		0	1,101,635		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	921,125	358,175	0	1.00
	O		921,125	358,175		
J - PHARMACY						
1.00	PHARMACY	15.00	0	5,913,976	0	1.00
2.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	144	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,485	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,487	0	4.00
5.00	OPERATING ROOM	50.00	0	153,787	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,727	0	6.00
7.00	LABORATORY	60.00	0	81	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	708	0	8.00
9.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	36,473	0	9.00
10.00	EMERGENCY	91.00	0	199	0	10.00
11.00	CENTER OF HOPE	194.04	0	11,775	0	11.00
	O		0	6,126,842		
K - IMPLANT RECLASS						
1.00	OPERATING ROOM	50.00	0	12,587,734	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,056	0	2.00
3.00	CARDIAC CATHETERIZATION LAB	55.01	0	1,905,229	0	3.00
4.00	CARDIOLOGY	55.02	0	149,709	0	4.00
5.00	EMERGENCY	91.00	0	268	0	5.00
	O		0	14,677,996		

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	438,653	11	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,931,649	11	2.00
			0	6,370,302		
500.00	Grand Total: Decreases		1,773,562	38,859,360		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,914,478	0	0	0	1.00
2.00	Land Improvements	15,802,755	62,506	0	62,506	2.00
3.00	Buildings and Fixtures	153,329,492	7,700,000	0	7,700,000	3.00
4.00	Building Improvements	796,915	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	178,747,327	9,810,586	0	9,810,586	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	362,590,967	17,573,092	0	17,573,092	8.00
9.00	Reconciling Items	-2,969,485	-8,949,753	0	-8,949,753	9.00
10.00	Total (line 8 minus line 9)	365,560,452	26,522,845	0	26,522,845	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,914,478	0			1.00
2.00	Land Improvements	15,865,261	5,873,313			2.00
3.00	Buildings and Fixtures	156,710,268	5,443,755			3.00
4.00	Building Improvements	796,915	796,915			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	173,200,106	53,752,726			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	360,487,028	65,866,709			8.00
9.00	Reconciling Items	-11,919,238	0			9.00
10.00	Total (line 8 minus line 9)	372,406,266	65,866,709			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part II
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	21,125,382	0	0	1,425,929	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,125,382	0	0	1,425,929	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	22,551,311				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	22,551,311				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part III
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	173,200,106	0	173,200,106	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	173,200,106	0	173,200,106	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,005,358	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,657,765	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,663,123	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-4,500,064	240,182	0	0	10,745,476	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	84,112	0	-567	5,741,310	2.00
3.00	Total (sum of lines 1-2)	-4,500,064	324,294	0	-567	16,486,786	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	2,636	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-4,938,717	INTEREST EXPENSE	113.00	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,556,162			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-542,555			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-636,709	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 PENSION EXPENSE	A	1,683,667	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.01 ADVERTISING	A	-5,268	ADMINISTRATIVE & GENERAL	5.00		0	33.01
33.02 NON ALLOWABLE INTEREST EXP	A	-608,084	INTEREST EXPENSE	113.00		11	33.02
33.03 UNCLAIMED PROPERTY RECEIPTS	B	-11,024	ADMINISTRATIVE & GENERAL	5.00		0	33.03
33.04 MISCELLANEOUS - OTHER OPERATING	B	-28,605	ADMINISTRATIVE & GENERAL	5.00		0	33.04
33.05 CAPITAL CARRY-FORWARD -- NEW	A	-567	CAP REL COSTS-MVBLE EQUIP	2.00		14	33.05
33.06 EMPLOYEE BADGES	B	638	ADMINISTRATIVE & GENERAL	5.00		0	33.06
33.07 LOBBYING DUES	A	-3,713	ADMINISTRATIVE & GENERAL	5.00		0	33.07
33.08 PATIENT/PHYSICIAN TELEPHONE	A	-90,943	ADMINISTRATIVE & GENERAL	5.00		0	33.08
33.09 PATIENT ACCOUNTING MISC. REV	B	-1,578	ADMINISTRATIVE & GENERAL	5.00		0	33.09
33.10 HEALTH PROMOTION/WELLNES REVENUE	B		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.10
33.11 EDUCATION MISC REV	B	-99,703	ADMINISTRATIVE & GENERAL	5.00		0	33.11
33.12 HUMAN RESOURCES MISC REV	B	6,744	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.12
33.13 OTHER OPERATING REV - PHYSICIAN	B		ADMINISTRATIVE & GENERAL	5.00		0	33.13
33.14 REST HOME -- UTILITIES	B		OPERATION OF PLANT	7.00		0	33.14
33.15 MASSAGE THERAPY REV	B		RADIOLOGY-DIAGNOSTIC	54.00		0	33.15
33.16 MISC INCOME	B	-14,372	ADMINISTRATIVE & GENERAL	5.00		0	33.16
33.17 SPIRITUAL CARE - MISC REV	B	-516	ADMINISTRATIVE & GENERAL	5.00		0	33.17
33.18 SOCIAL ACCOUNTABILITY (DEPT. 9910)	A	-9,741	ADMINISTRATIVE & GENERAL	5.00		0	33.18
33.19 CHILDBIRTH CLASS REVENUE	B	2,176	ADULTS & PEDIATRICS	30.00		0	33.19
33.20 SAFESTTER PROGRAM REVENUE	B		ADMINISTRATIVE & GENERAL	5.00		0	33.20
33.21 MISCELLANEOUS - OTHER OPERATING	B	-9	ADMINISTRATIVE & GENERAL	5.00		0	33.21
33.22 MAIL ROOM	B	-203,053	ADMINISTRATIVE & GENERAL	5.00		0	33.22
33.23 CLINIC MISC REV	B	7,200	CLINIC	90.00		0	33.23
33.24 OTHER NURSING REV	B	-70	NURSING ADMINISTRATION	13.00		0	33.24
33.25 OTHER REVENUE -- RADIOLOGY	B	-8,300	RADIOLOGY-DIAGNOSTIC	54.00		0	33.25
33.26 ADMIN PROPERTY TAXES	A	-117,424	ADMINISTRATIVE & GENERAL	5.00		0	33.26
33.27 RADIOLOGY DIAGNOSTICS PROPERTY TAXE	A	-31,904	RADIOLOGY-DIAGNOSTIC	54.00		0	33.27
33.28 ADJUST TO MEDICARE DEP	A	-41,499	CAP REL COSTS-BLDG & FIXT	1.00		9	33.28
33.29 DONATIONS EXPENSE (SUB 714350)	A	-500	ADMINISTRATIVE & GENERAL	5.00		0	33.29
33.30 ST. JOHN DIAGNOSTIC PROPERTY TAX	A		RADIOLOGY DIAGNOSTIC - SJ	54.02		0	33.30
33.31 CHERRY CREEK PHYSICAL THERAPY PROPE	A	32	PHYSICAL THERAPY	66.00		0	33.31
33.32 ST. CLARE CLINIC PROPERTY TAXES	A		CLINIC	90.00		0	33.32
33.33 ENVIRONMENTAL SVCS - FP	B	-180	ADMINISTRATIVE & GENERAL	5.00		0	33.33
33.34 MISCELLANEOUS - OTHER OPERATING	B	-31	HOUSEKEEPING	9.00		0	33.34
33.35 MISCELLANEOUS - OTHER OPERATING	B	-139,626	ADMINISTRATIVE & GENERAL	5.00		0	33.35
33.36 MISCELLANEOUS - OTHER OPERATING	B	-22,082	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.36
33.37 DISCOUNTS EARNED/REBATES	B	-51,702	OPERATION OF PLANT	7.00		0	33.37
33.38 DISCOUNTS EARNED/REBATES	B	-99,047	DIETARY	10.00		0	33.38
33.39 DISCOUNTS EARNED/REBATES	B	-152,799	CENTRAL SERVICES & SUPPLY	14.00		0	33.39
33.40 DISCOUNTS EARNED/REBATES	B	-55,564	CENTRAL SERVICES & SUPPLY	14.00		0	33.40
33.41 DISCOUNTS EARNED/REBATES	B	-164,907	PHARMACY	15.00		0	33.41
33.42 DISCOUNTS EARNED/REBATES	B	-156,646	ADULTS & PEDIATRICS	30.00		0	33.42
33.43 DISCOUNTS EARNED/REBATES	B	-197,465	OPERATING ROOM	50.00		0	33.43
33.44 DISCOUNTS EARNED/REBATES	B	-12,159	RESPIRATORY THERAPY	65.00		0	33.44
33.45 MISCELLANEOUS - OTHER OPERATING	B	-1,007	RADIOLOGY-DIAGNOSTIC	54.00		0	33.45
33.46 MISCELLANEOUS - OTHER OPERATING	B	-200	DIETARY	10.00		0	33.46
33.47 MISCELLANEOUS - OTHER OPERATING	B	437	EMERGENCY	91.00		0	33.47
33.48 MISCELLANEOUS - OTHER OPERATING	B	-250	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.48
33.49 MISCELLANEOUS - OTHER OPERATING	B	-6,830	ADULTS & PEDIATRICS	30.00		0	33.49
33.50 MISCELLANEOUS - OTHER OPERATING	B	-55	OPERATING ROOM	50.00		0	33.50
33.51 APPLICATION PROCESSING FEES	B	-32,950	ADMINISTRATIVE & GENERAL	5.00		0	33.51

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.52 MISCELLANEOUS - OTHER OPERATING	B	-1,488	NURSING ADMINISTRATION	13.00	0	33.52
33.53 UTILITIES	B	-80,892	OPERATION OF PLANT	7.00	0	33.53
33.54 HAF FEES	A	-6,089,348	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55 WORKSHOP/SPEAKER INCOME	B	774	ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56 ST. JOHN PHYSICAL THERAPY PROPERTY TAX	A	-2,349	PHYSICAL THERAPY ST JOHN	66.02	0	33.56
33.57 FP SURGERY CENTER PROPERTY TAX	A	-46,246	OPERATING ROOM	50.00	0	33.57
33.58 MEDICAL STAFF	B	-15,250	NURSING ADMINISTRATION	13.00	0	33.58
33.59 MISCELLANEOUS OTHER OPERATING	B		ADMINISTRATIVE & GENERAL	5.00	0	33.59
33.60 RADIOLOGY	B		RADIOLOGY-DIAGNOSTIC	54.00	0	33.60
34.00 PRENATAL ASSISTANCE PROPERTY TAX	A	-42	DELIVERY ROOM & LABOR ROOM	52.00	0	34.00
34.01 LOWELL RADIOLOGY PROPERTY TAX	A	-1,421	LOWELL RADIOLOGY	54.03	0	34.01
34.02 EKG ALLIED HEALTH TUITION REVENUE	B	-72,930	ECHOCARDIOLOGY EDUCATION PROGRAM	23.01	0	34.02
34.03 ER ALLIED HEALTH TUITION REVENUE	B	-115,753	PARAMED ED PRGM-(SPECIFY)	23.00	0	34.03
34.04 HOBART BUILDING	B	-105,336	ADMINISTRATIVE & GENERAL	5.00	0	34.04
34.05 LAKESHORE ASC	A	-316,939	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.05
34.06 LAKESHORE ASC	A	-72,586	OPERATION OF PLANT	7.00	0	34.06
34.07 LAKESHORE ASC	A	-65,005	PHARMACY	15.00	0	34.07
34.08 LAKESHORE ASC	A	-1,536,124	OPERATING ROOM	50.00	0	34.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,861,921				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/28/2021 7:34 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	1,044,101	5,985,454 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,789,642	2,893,463 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	27,486,065	24,987,126 3.00
4.00	15.00	PHARMACY	COEP / PHARMACY	505,917	0 4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,497,763	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,323,488	33,866,043 5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/28/2021 7:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-4,941,353	11		1.00
2.00	-103,821	9		2.00
3.00	2,498,939	0		3.00
4.00	505,917	0		4.00
4.01	1,497,763	0		4.01
5.00	-542,555			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/28/2021 7:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	9,813	250	9,563	197,500	77	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	48,006	37,106	10,900	197,500	87	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	500	0	500	197,500	4	3.00
4.00	17.00	SOCIAL SERVICE	352,721	248,721	104,000	197,500	832	4.00
5.00	30.00	ADULTS & PEDIATRICS	36,050	0	36,050	197,500	288	5.00
6.00	30.00	ADULTS & PEDIATRICS	42,800	1,930	40,870	197,500	327	6.00
7.00	30.00	ADULTS & PEDIATRICS	82,057	15,000	67,057	197,500	536	7.00
8.00	31.00	INTENSIVE CARE UNIT	92,722	-5,000	97,722	197,500	782	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	690,897	682,709	8,188	197,500	66	9.00
10.00	50.00	OPERATING ROOM	2,821,666	2,810,388	11,278	197,500	90	10.00
11.00	50.00	OPERATING ROOM	2,161,538	2,161,538	0	197,500	0	11.00
12.00	53.00	ANESTHESIOLOGY	1,259,894	1,259,894	0	197,500	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	634	0	634	246,400	5	13.00
14.00	55.01	CARDIAC CATHETERIZATION LAB	38,450	225	38,225	246,400	306	14.00
15.00	55.02	CARDIOLOGY	13,950	7,200	6,750	239,400	54	15.00
16.00	55.03	NEURO-DIAGNOSTICS	19,075	18,950	125	197,500	1	16.00
17.00	55.03	NEURO-DIAGNOSTICS	10,400	1,040	9,360	197,500	75	17.00
18.00	60.00	LABORATORY	57,795	7,795	50,000	197,500	370	18.00
19.00	69.00	ELECTROCARDIOLOGY	10,275	0	10,275	197,500	82	19.00
20.00	76.00	RADIATION ONCOLOGY	26,213	0	26,213	197,500	210	20.00
21.00	90.00	CLINIC	9,925	0	9,925	197,500	79	21.00
22.00	90.03	OCCUPATIONAL MEDICINE CLINIC	13,110	0	13,110	197,500	105	22.00
23.00	91.00	EMERGENCY	15,000	0	15,000	197,500	120	23.00
24.00	91.00	EMERGENCY	743,284	743,284	0	197,500	0	24.00
25.00	91.00	EMERGENCY	1,463,933	1,425,483	38,450	197,500	308	25.00
200.00			10,020,708	9,416,513	604,195		4,804	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/28/2021 7:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	7,311	366	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	8,261	413	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	380	19	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	79,000	3,950	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	27,346	1,367	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	31,049	1,552	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	50,894	2,545	0	0	0	7.00
8.00	31.00	INTENSIVE CARE UNIT	74,252	3,713	0	0	0	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	6,267	313	0	0	0	9.00
10.00	50.00	OPERATING ROOM	8,546	427	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	592	30	0	0	0	13.00
14.00	55.01	CARDIAC CATHETERIZATION LAB	36,249	1,812	0	0	0	14.00
15.00	55.02	CARDIOLOGY	6,215	311	0	0	0	15.00
16.00	55.03	NEURO-DIAGNOSTICS	95	5	0	0	0	16.00
17.00	55.03	NEURO-DIAGNOSTICS	7,121	356	0	0	0	17.00
18.00	60.00	LABORATORY	35,132	1,757	0	0	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	7,786	389	0	0	0	19.00
20.00	76.00	RADIATION ONCOLOGY	19,940	997	0	0	0	20.00
21.00	90.00	CLINIC	7,501	375	0	0	0	21.00
22.00	90.03	OCCUPATIONAL MEDICINE CLINIC	9,970	499	0	0	0	22.00
23.00	91.00	EMERGENCY	11,394	570	0	0	0	23.00
24.00	91.00	EMERGENCY	0	0	0	0	0	24.00
25.00	91.00	EMERGENCY	29,245	1,462	0	0	0	25.00
200.00			464,546	23,228	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/28/2021 7:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	7,311	2,252	2,502		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	8,261	2,639	39,745		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	380	120	120		3.00
4.00	17.00	SOCIAL SERVICE	0	79,000	25,000	273,721		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	27,346	8,704	8,704		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	31,049	9,821	11,751		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	50,894	16,163	31,163		7.00
8.00	31.00	INTENSIVE CARE UNIT	0	74,252	23,470	18,470		8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	6,267	1,921	684,630		9.00
10.00	50.00	OPERATING ROOM	0	8,546	2,732	2,813,120		10.00
11.00	50.00	OPERATING ROOM	0	0	0	2,161,538		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	1,259,894		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	592	42	42		13.00
14.00	55.01	CARDIAC CATHETERIZATION LAB	0	36,249	1,976	2,201		14.00
15.00	55.02	CARDIOLOGY	0	6,215	535	7,735		15.00
16.00	55.03	NEURO-DIAGNOSTICS	0	95	30	18,980		16.00
17.00	55.03	NEURO-DIAGNOSTICS	0	7,121	2,239	3,279		17.00
18.00	60.00	LABORATORY	0	35,132	14,868	22,663		18.00
19.00	69.00	ELECTROCARDIOLOGY	0	7,786	2,489	2,489		19.00
20.00	76.00	RADIATION ONCOLOGY	0	19,940	6,273	6,273		20.00
21.00	90.00	CLINIC	0	7,501	2,424	2,424		21.00
22.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	9,970	3,140	3,140		22.00
23.00	91.00	EMERGENCY	0	11,394	3,606	3,606		23.00
24.00	91.00	EMERGENCY	0	0	0	743,284		24.00
25.00	91.00	EMERGENCY	0	29,245	9,205	1,434,688		25.00
200.00			0	464,546	139,649	9,556,162		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,745,476	10,745,476			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,741,310		5,741,310		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,572,439	98,015	7,701	3,678,155	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	46,805,042	2,771,013	107,214	801,212	50,484,481
6.00 00600	MAINTENANCE & REPAIRS	4,609,155	20,491	46,864	51,715	4,728,225
7.00 00700	OPERATION OF PLANT	5,062,989	1,736,113	77,087	75,392	6,951,581
7.01 00701	OPERATION OF PLANT - FP	841,165	0	853	0	842,018
8.00 00800	LAUNDRY & LINEN SERVICE	709,812	119,729	6,485	3,886	839,912
9.00 00900	HOUSEKEEPING	2,328,998	72,456	15,183	76,025	2,492,662
9.01 01851	ENVIRONMENTAL SERVICES - FP	136,497	0	0	4,222	140,719
10.00 01000	DIETARY	609,555	330,373	26,127	17,611	983,666
11.00 01100	CAFETERIA	1,017,198	0	0	41,094	1,058,292
13.00 01300	NURSING ADMINISTRATION	2,652,276	278,348	567,201	93,369	3,591,194
14.00 01400	CENTRAL SERVICES & SUPPLY	881,269	271,840	37,267	16,358	1,206,734
15.00 01500	PHARMACY	3,784,721	34,434	4,559	108,422	3,932,136
16.00 01600	MEDICAL RECORDS & LIBRARY	2,186,285	147,634	4,629	25,647	2,364,195
17.00 01700	SOCIAL SERVICE	2,654,936	54,983	364	85,770	2,796,053
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	244,803	0	0	0	244,803
23.00 02300	PARAMED ED PRGM-(SPECIFY)	305,900	0	7,136	9,773	322,809
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,013	0	18,676	2,695	22,384
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	26,268,912	1,011,135	432,419	919,683	28,632,149
31.00 03100	INTENSIVE CARE UNIT	4,730,347	209,895	259,523	157,694	5,357,459
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,404,418	256,240	107,877	86,427	2,854,962
43.00 04300	NURSERY	1,279,300	0	0	44,406	1,323,706
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,193,289	466,490	1,194,583	208,862	6,063,224
51.00 05100	RECOVERY ROOM	476,426	176,566	36,408	15,924	705,324
52.00 05200	DELIVERY ROOM & LABOR ROOM	167,183	256,358	0	5,749	429,290
53.00 05300	ANESTHESIOLOGY	187,150	25,066	41,081	3,207	256,504
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,709,887	558,608	1,036,401	250,862	11,555,758
54.01 05401	RADIOLOGY - I-65	575,717	0	208,713	19,766	804,196
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03 05403	LOWELL RADIOLOGY	54,825	0	22,828	1,552	79,205
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	1,482,350	113,004	362,142	43,220	2,000,716
55.02 03140	CARDIOLOGY	1,081,535	55,279	350,691	38,916	1,526,421
55.03 03450	NEURO-DIAGNOSTICS	500,545	33,033	12,232	16,875	562,685
60.00 06000	LABORATORY	10,115,482	177,670	207	0	10,293,359
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,728,231	34,670	32,728	56,264	1,851,893
66.00 06600	PHYSICAL THERAPY	799,679	72,042	1,868	29,059	902,648
66.01 06601	PHYSICAL THERAPY I-65	709,734	0	11,360	26,556	747,650
66.02 06602	PHYSICAL THERAPY ST JOHN	165,274	0	0	4,965	170,239
67.00 06700	OCCUPATIONAL THERAPY	269,497	0	0	10,229	279,726
67.01 06701	OCCUPATION THERAPY I-65	113,055	0	0	4,285	117,340
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	18,339	0	0	684	19,023
68.00 06800	SPEECH PATHOLOGY	189,563	0	0	7,203	196,766
68.01 06801	SPEECH PATHOLOGY I-65	159,726	0	0	6,073	165,799
68.02 06802	SPEECH THERAPY ST. JOHN	6,583	0	0	254	6,837
69.00 06900	ELECTROCARDIOLOGY	357,620	74,744	29,137	13,040	474,541
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,119,321	0	51,617	0	3,170,938
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,677,996	0	0	0	14,677,996
73.00 07300	DRUGS CHARGED TO PATIENTS	6,126,842	0	0	0	6,126,842
74.00 07400	RENAL DIALYSIS	337,173	10,176	0	0	347,349
76.00 03020	RADIATION ONCOLOGY	855,571	0	415,084	15,798	1,286,453
76.01 03040	ANGIOCARDIOGRAPHY	249,673	0	0	8,832	258,505
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,776	0	0	0	4,776
90.01 09001	DIABETES CLINIC	50,398	2,367	0	1,876	54,641
90.02 09002	OUTPATIENT CLINICS	0	0	0	0	0
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	1,230,371	206,108	13,876	39,599	1,489,954
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	12,144	0	0	444	12,588
91.00 09100	EMERGENCY	4,780,790	339,129	133,686	161,595	5,415,200
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02 09102	EXPRESS CARE	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	4.00	4A			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	194,080,561	10,014,009	5,681,807	3,613,090	193,224,526	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	750,002	135,644	978	45,668	932,292	192.00
194.00	07950	FHC	416	0	0	0	416	194.00
194.01	07951	CONVENT	3,874	0	0	0	3,874	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	616,179	570,461	55,818	0	1,242,458	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	-1,151	25,362	0	0	24,211	194.03
194.04	07954	CENTER OF HOPE	646,198	0	2,707	19,397	668,302	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	196,096,079	10,745,476	5,741,310	3,678,155	196,096,079	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	50,484,481					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,639,578	6,367,803				6.00
7.00	00700	OPERATION OF PLANT	2,410,558	1,407,242	10,769,381			7.00
7.01	00701	OPERATION OF PLANT - FP	291,982	0	0	1,134,000		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	291,251	97,048	210,692	382,445	1,821,348	8.00
9.00	00900	HOUSEKEEPING	864,365	58,731	127,505	79,072	161,682	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	48,796	0	0	0	0	9.01
10.00	01000	DIETARY	341,100	267,790	581,373	0	21,920	10.00
11.00	01100	CAFETERIA	366,978	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,245,297	225,620	489,822	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	418,452	220,345	478,369	0	5,289	14.00
15.00	01500	PHARMACY	1,363,523	27,911	60,594	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	819,818	119,668	259,799	0	0	16.00
17.00	01700	SOCIAL SERVICE	969,571	44,568	96,757	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	84,889	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	111,939	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	7,762	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,928,616	819,596	1,779,342	0	919,847	30.00
31.00	03100	INTENSIVE CARE UNIT	1,857,774	170,134	369,362	0	62,611	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	989,998	207,700	450,918	0	43,222	35.00
43.00	04300	NURSERY	459,014	0	0	0	18,948	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,102,508	378,123	820,904	0	199,115	50.00
51.00	05100	RECOVERY ROOM	244,581	143,119	310,711	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	148,862	207,796	451,126	0	0	52.00
53.00	05300	ANESTHESIOLOGY	88,946	20,318	44,110	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,121	452,791	983,010	0	45,737	54.00
54.01	05401	RADIOLOGY - I-65	278,866	0	0	272,727	44,966	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	322	54.02
54.03	05403	LOWELL RADIOLOGY	27,465	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	693,776	91,597	198,858	0	15,948	55.01
55.02	03140	CARDIOLOGY	529,308	44,808	97,277	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	195,119	26,776	58,130	0	14,589	55.03
60.00	06000	LABORATORY	3,569,366	144,014	312,654	0	2,100	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	642,170	28,103	61,011	0	0	65.00
66.00	06600	PHYSICAL THERAPY	313,006	58,395	126,776	0	53,138	66.00
66.01	06601	PHYSICAL THERAPY I-65	259,258	0	0	298,071	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	59,033	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	96,999	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	40,689	0	0	36,659	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	6,596	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	68,231	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	57,493	0	0	65,026	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	2,371	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	164,554	60,585	131,531	0	10,830	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,099,567	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,089,801	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,124,568	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	120,448	8,249	17,908	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	446,096	0	0	0	9,173	76.00
76.01	03040	ANGIOCARDIOGRAPHY	89,640	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,656	0	0	0	1,097	90.00
90.01	09001	DIABETES CLINIC	18,948	1,918	4,165	0	9,739	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	516,662	167,065	362,699	0	51,207	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	4,365	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,877,796	274,888	596,782	0	129,868	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,497,126	5,774,898	9,482,185	1,134,000	1,821,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	323,285	109,949	238,699	0	0
194.00	07950	FHC	144	0	0	0	0
194.01	07951	CONVENT	1,343	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	430,840	462,399	1,003,867	0	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	20,557	44,630	0	0
194.04	07954	CENTER OF HOPE	231,743	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	50,484,481	6,367,803	10,769,381	1,134,000	1,821,348

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	3,784,017					9.00
9.01	01851	0	189,515				9.01
10.00	01000	210,899	0	2,406,748			10.00
11.00	01100	0	0	0	1,425,270		11.00
13.00	01300	177,688	0	0	51,235	5,780,856	13.00
14.00	01400	173,533	0	0	20,827	0	14.00
15.00	01500	21,981	0	0	58,483	0	15.00
16.00	01600	94,245	0	0	13,735	0	16.00
17.00	01700	35,099	0	0	50,804	6,457	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	6,195	20	23.00
23.01	02301	0	0	0	1,519	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	645,474	0	1,912,747	378,677	2,949,771	30.00
31.00	03100	133,990	0	255,637	87,882	755,756	31.00
35.00	02060	163,575	0	0	44,847	385,040	35.00
43.00	04300	0	0	0	27,905	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	297,791	0	0	120,872	542,500	50.00
51.00	05100	112,714	0	0	8,881	75,796	51.00
52.00	05200	163,651	0	238,364	82,795	0	52.00
53.00	05300	16,001	0	0	2,715	9,275	53.00
54.00	05400	356,597	0	0	165,935	213,113	54.00
54.01	05401	0	76,858	0	12,985	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	1,311	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	72,138	0	0	23,378	146,989	55.01
55.02	03140	35,288	0	0	20,753	39,900	55.02
55.03	03450	21,087	0	0	6,944	0	55.03
60.00	06000	113,419	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	22,132	0	0	38,837	0	65.00
66.00	06600	45,989	0	0	12,271	0	66.00
66.01	06601	0	84,001	0	12,350	0	66.01
66.02	06602	0	0	0	2,723	0	66.02
67.00	06700	0	0	0	5,156	0	67.00
67.01	06701	0	10,331	0	1,923	0	67.01
67.02	06702	0	0	0	329	0	67.02
68.00	06800	0	0	0	3,497	0	68.00
68.01	06801	0	18,325	0	2,853	0	68.01
68.02	06802	0	0	0	119	0	68.02
69.00	06900	47,714	0	0	7,811	35,845	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	6,496	0	0	0	0	74.00
76.00	03020	0	0	0	7,588	25,515	76.00
76.01	03040	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	4,733	0	90.00
90.01	09001	1,511	0	0	1,043	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	131,573	0	0	0	0	90.03
90.04	09004	0	0	0	270	659	90.04
91.00	09100	216,489	0	0	106,646	594,220	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		3,317,074	189,515	2,406,748	1,396,827	5,780,856	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
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Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	86,590	0	0	26,078	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	0	0	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	364,163	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	16,190	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	0	2,365	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,784,017	189,515	2,406,748	1,425,270	5,780,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,523,549					14.00
15.00 01500 PHARMACY	16,618	5,481,246				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	3,671,460			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	3,999,309		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	3,602	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	326,364	0	269,963	294,068	0	30.00
31.00 03100 INTENSIVE CARE UNIT	108,342	0	57,267	62,380	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	39,129	0	53,978	58,798	0	35.00
43.00 04300 NURSERY	0	0	24,373	26,550	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,391,787	0	437,751	476,838	0	50.00
51.00 05100 RECOVERY ROOM	19,250	0	36,338	39,583	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	129	0	31,188	33,973	0	52.00
53.00 05300 ANESTHESIOLOGY	29,080	0	86,614	94,348	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	116,747	0	674,396	734,639	0	54.00
54.01 05401 RADIOLOGY - I-65	10,365	0	88,465	96,364	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	2,295	2,500	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	243,890	0	163,326	177,910	0	55.01
55.02 03140 RADIOLOGY	23,217	0	69,002	75,164	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	3,955	0	17,387	18,939	0	55.03
60.00 06000 LABORATORY	8,322	0	537,765	585,782	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	47,188	0	68,012	74,085	0	65.00
66.00 06600 PHYSICAL THERAPY	102	0	8,505	9,265	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	1,133	0	11,908	12,971	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	908	0	3,084	3,359	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	6,438	7,012	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	87	0	1,747	1,903	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	68	0	355	386	0	67.02
68.00 06800 SPEECH PATHOLOGY	3	0	6,609	7,199	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	1	0	4,413	4,807	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	131	142	0	68.02
69.00 06900 ELECTROCARDIOLOGY	1,343	0	34,953	38,074	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	148,699	161,976	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	115,210	125,497	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,481,246	220,506	240,194	0	73.00
74.00 07400 RENAL DIALYSIS	587	0	3,958	4,312	0	74.00
76.00 03020 RADIOLOGY ONCOLOGY	4,405	0	74,341	80,979	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	3,782	4,119	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1,196	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	67	73	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	5,800	0	6,327	6,892	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	276	300	0	90.04
91.00 09100 EMERGENCY	115,100	0	402,031	437,928	0	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
						SERVICES-SALARY & FRINGES APPRV	
118.00		14.00	15.00	16.00	17.00	21.00	0
	SUBTOTALS (SUM OF LINES 1 through 117)	2,518,718	5,481,246	3,671,460	3,999,309		0
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,294	0	0	0	0	0
194.00	07950 FHC	0	0	0	0	0	0
194.01	07951 CONVENT	0	0	0	0	0	0
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	0
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	0
194.04	07954 CENTER OF HOPE	1,537	0	0	0	0	0
200.00	Cross Foot Adjustments						0
201.00	Negative Cost Centers	0	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	2,523,549	5,481,246	3,671,460	3,999,309		0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	329,692				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		444,565			23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM			31,665		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	48,856,614	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,278,594	0 31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	5,292,167	0 35.00
43.00	04300	NURSERY	0	0	0	1,880,496	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	12,831,413	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,696,297	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,787,174	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	647,911	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,305,844	0 54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	1,685,792	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	322	0 54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	112,776	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	3,828,526	0 55.01
55.02	03140	CARDIOLOGY	0	0	0	2,461,138	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	925,611	0 55.03
60.00	06000	LABORATORY	0	0	0	15,566,781	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,833,431	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,530,095	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	1,427,342	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	239,346	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	395,331	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	210,679	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	26,757	0 67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	282,305	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	318,717	0 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	9,600	0 68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	31,665	1,039,446	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,581,180	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,008,504	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,193,356	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	509,307	0 74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	1,934,550	0 76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	356,046	0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	13,458	0 90.00
90.01	09001	DIABETES CLINIC	0	0	0	92,105	0 90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	2,738,179	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	18,458	0 90.04
91.00	09100	EMERGENCY	329,692	444,565	0	10,941,205	-329,692 91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0 91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,692	444,565	31,665	189,856,853	-329,692 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,720,187	0 192.00
194.00	07950	FHC	0	0	0	560	0 194.00
194.01	07951	CONVENT	0	0	0	5,217	0 194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	3,503,727	0 194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	105,588	0 194.03
194.04	07954	CENTER OF HOPE	0	0	0	903,947	0 194.04
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	329,692	444,565	31,665	196,096,079	-329,692 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT - FP		7.01
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	01851 ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	48,856,614	30.00
31.00	03100 INTENSIVE CARE UNIT	9,278,594	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	5,292,167	35.00
43.00	04300 NURSERY	1,880,496	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	12,831,413	50.00
51.00	05100 RECOVERY ROOM	1,696,297	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,787,174	52.00
53.00	05300 ANESTHESIOLOGY	647,911	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,305,844	54.00
54.01	05401 RADIOLOGY - I-65	1,685,792	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	322	54.02
54.03	05403 LOWELL RADIOLOGY	112,776	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	3,828,526	55.01
55.02	03140 RADIOLOGY	2,461,138	55.02
55.03	03450 NEURO-DIAGNOSTICS	925,611	55.03
60.00	06000 LABORATORY	15,566,781	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,833,431	65.00
66.00	06600 PHYSICAL THERAPY	1,530,095	66.00
66.01	06601 PHYSICAL THERAPY I-65	1,427,342	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	239,346	66.02
67.00	06700 OCCUPATIONAL THERAPY	395,331	67.00
67.01	06701 OCCUPATION THERAPY I-65	210,679	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	26,757	67.02
68.00	06800 SPEECH PATHOLOGY	282,305	68.00
68.01	06801 SPEECH PATHOLOGY I-65	318,717	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	9,600	68.02
69.00	06900 ELECTROCARDIOLOGY	1,039,446	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,581,180	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,008,504	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,193,356	73.00
74.00	07400 RENAL DIALYSIS	509,307	74.00
76.00	03020 RADIATION ONCOLOGY	1,934,550	76.00
76.01	03040 ANGIOCARDIOGRAPHY	356,046	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	13,458	90.00
90.01	09001 DIABETES CLINIC	92,105	90.01
90.02	09002 OUTPATIENT CLINICS	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	2,738,179	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	18,458	90.04
91.00	09100 EMERGENCY	10,611,513	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102 EXPRESS CARE	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	189,527,161	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,720,187	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description			Total	
			26.00	
194.00	07950	FHC	560	194.00
194.01	07951	CONVENT	5,217	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	3,503,727	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	105,588	194.03
194.04	07954	CENTER OF HOPE	903,947	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	195,766,387	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/28/2021 7: 34 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	98,015	7,701	105,716	105,716	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,771,013	107,214	2,878,227	23,035	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	20,491	46,864	67,355	1,487	6.00
7.00 00700	OPERATION OF PLANT	0	1,736,113	77,087	1,813,200	2,168	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	853	853	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	119,729	6,485	126,214	112	8.00
9.00 00900	HOUSEKEEPING	0	72,456	15,183	87,639	2,186	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	121	9.01
10.00 01000	DIETARY	0	330,373	26,127	356,500	506	10.00
11.00 01100	CAFETERIA	0	0	0	0	1,181	11.00
13.00 01300	NURSING ADMINISTRATION	0	278,348	567,201	845,549	2,684	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	271,840	37,267	309,107	470	14.00
15.00 01500	PHARMACY	0	34,434	4,559	38,993	3,117	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	147,634	4,629	152,263	737	16.00
17.00 01700	SOCIAL SERVICE	0	54,983	364	55,347	2,466	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	7,136	7,136	281	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	18,676	18,676	77	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,011,135	432,419	1,443,554	26,410	30.00
31.00 03100	INTENSIVE CARE UNIT	0	209,895	259,523	469,418	4,534	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	256,240	107,877	364,117	2,485	35.00
43.00 04300	NURSERY	0	0	0	0	1,277	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	466,490	1,194,583	1,661,073	6,005	50.00
51.00 05100	RECOVERY ROOM	0	176,566	36,408	212,974	458	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	256,358	0	256,358	165	52.00
53.00 05300	ANESTHESIOLOGY	0	25,066	41,081	66,147	92	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	558,608	1,036,401	1,595,009	7,212	54.00
54.01 05401	RADIOLOGY - I-65	0	0	208,713	208,713	568	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	0	22,828	22,828	45	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	113,004	362,142	475,146	1,243	55.01
55.02 03140	CARDIOLOGY	0	55,279	350,691	405,970	1,119	55.02
55.03 03450	NEURO-DIAGNOSTICS	0	33,033	12,232	45,265	485	55.03
60.00 06000	LABORATORY	0	177,670	207	177,877	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	34,670	32,728	67,398	1,618	65.00
66.00 06600	PHYSICAL THERAPY	0	72,042	1,868	73,910	835	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	11,360	11,360	763	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	143	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	294	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	0	123	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	20	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	207	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	175	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	7	68.02
69.00 06900	ELECTROCARDIOLOGY	0	74,744	29,137	103,881	375	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	51,617	51,617	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	10,176	0	10,176	0	74.00
76.00 03020	RADIATION ONCOLOGY	0	0	415,084	415,084	454	76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	0	0	254	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	DIABETES CLINIC	0	2,367	0	2,367	54	90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	206,108	13,876	219,984	1,138	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	13	90.04
91.00 09100	EMERGENCY	0	339,129	133,686	472,815	4,646	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,014,009	5,681,807	15,695,816	103,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	135,644	978	136,622	1,313	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	570,461	55,818	626,279	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	25,362	0	25,362	0	194.03
194.04	07954	CENTER OF HOPE	0	0	2,707	2,707	558	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,745,476	5,741,310	16,486,786	105,716	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/28/2021 7:34 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE
			5.00	6.00	7.00	7.01	8.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,901,262				5.00
6.00	00600	MAINTENANCE & REPAIRS	94,224	163,066			6.00
7.00	00700	OPERATION OF PLANT	138,531	36,037	1,989,936		7.00
7.01	00701	OPERATION OF PLANT - FP	16,780	0	0	17,633	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	16,738	2,485	38,931	5,946	190,426
9.00	00900	HOUSEKEEPING	49,674	1,504	23,560	1,230	16,904
9.01	01851	ENVIRONMENTAL SERVICES - FP	2,804	0	0	0	0
10.00	01000	DIETARY	19,602	6,858	107,424	0	2,292
11.00	01100	CAFETERIA	21,090	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	71,565	5,778	90,508	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	24,048	5,643	88,392	0	553
15.00	01500	PHARMACY	78,360	715	11,196	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	47,114	3,064	48,005	0	0
17.00	01700	SOCIAL SERVICE	55,720	1,141	17,878	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,878	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,433	0	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	446	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	570,578	20,988	328,784	0	96,172
31.00	03100	INTENSIVE CARE UNIT	106,763	4,357	68,250	0	6,546
35.00	02060	NEONATAL INTENSIVE CARE UNIT	56,894	5,319	83,319	0	4,519
43.00	04300	NURSERY	26,379	0	0	0	1,981
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	120,828	9,683	151,684	0	20,818
51.00	05100	RECOVERY ROOM	14,056	3,665	57,412	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,555	5,321	83,358	0	0
53.00	05300	ANESTHESIOLOGY	5,112	520	8,150	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	230,283	11,595	181,638	0	4,782
54.01	05401	RADIOLOGY - I-65	16,026	0	0	4,241	4,701
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	34
54.03	05403	LOWELL RADIOLOGY	1,578	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	39,870	2,346	36,744	0	1,667
55.02	03140	CARDIOLOGY	30,419	1,147	17,975	0	0
55.03	03450	NEURO-DIAGNOSTICS	11,213	686	10,741	0	1,525
60.00	06000	LABORATORY	205,126	3,688	57,771	0	220
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	36,905	720	11,273	0	0
66.00	06600	PHYSICAL THERAPY	17,988	1,495	23,425	0	5,556
66.01	06601	PHYSICAL THERAPY I-65	14,899	0	0	4,635	0
66.02	06602	PHYSICAL THERAPY ST JOHN	3,393	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	5,574	0	0	0	0
67.01	06701	OCCUPATION THERAPY I-65	2,338	0	0	570	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	379	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	3,921	0	0	0	0
68.01	06801	SPEECH PATHOLOGY I-65	3,304	0	0	1,011	0
68.02	06802	SPEECH THERAPY ST. JOHN	136	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,457	1,551	24,304	0	1,132
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,190	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	292,503	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	122,096	0	0	0	0
74.00	07400	RENAL DIALYSIS	6,922	211	3,309	0	0
76.00	03020	RADIATION ONCOLOGY	25,636	0	0	0	959
76.01	03040	ANGIOCARDIOGRAPHY	5,151	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	95	0	0	0	115
90.01	09001	DIABETES CLINIC	1,089	49	770	0	1,018
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	29,692	4,278	67,018	0	5,354
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	251	0	0	0	0
91.00	09100	EMERGENCY	107,914	7,039	110,272	0	13,578
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,844,520	147,883	1,752,091	17,633	190,426
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/28/2021 7:34 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE		
			5.00	6.00	7.00	7.01	8.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,579	2,816	44,106	0	0	0	192.00
194.00	07950	FHC	8	0	0	0	0	0	194.00
194.01	07951	CONVENT	77	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	24,760	11,841	185,492	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	526	8,247	0	0	0	194.03
194.04	07954	CENTER OF HOPE	13,318	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,901,262	163,066	1,989,936	17,633	190,426	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	182,697					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	2,925				9.01
10.00	01000	DIETARY	10,182	0	503,364			10.00
11.00	01100	CAFETERIA	0	0	0	22,271		11.00
13.00	01300	NURSING ADMINISTRATION	8,579	0	0	801	1,025,464	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,378	0	0	325	0	14.00
15.00	01500	PHARMACY	1,061	0	0	914	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,550	0	0	215	0	16.00
17.00	01700	SOCIAL SERVICE	1,695	0	0	794	1,145	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	97	4	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	24	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,164	0	400,045	5,915	523,260	30.00
31.00	03100	INTENSIVE CARE UNIT	6,469	0	53,466	1,373	134,063	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,898	0	0	701	68,302	35.00
43.00	04300	NURSERY	0	0	0	436	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,378	0	0	1,889	96,234	50.00
51.00	05100	RECOVERY ROOM	5,442	0	0	139	13,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,901	0	49,853	1,294	0	52.00
53.00	05300	ANESTHESIOLOGY	773	0	0	42	1,645	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,217	0	0	2,593	37,804	54.00
54.01	05401	RADIOLOGY - I-65	0	1,186	0	203	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	20	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	3,483	0	0	365	26,074	55.01
55.02	03140	CARDIOLOGY	1,704	0	0	324	7,078	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,018	0	0	109	0	55.03
60.00	06000	LABORATORY	5,476	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,069	0	0	607	0	65.00
66.00	06600	PHYSICAL THERAPY	2,220	0	0	192	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	1,297	0	193	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	43	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	81	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	159	0	30	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	5	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	55	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	283	0	45	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	2	0	68.02
69.00	06900	ELECTROCARDIOLOGY	2,304	0	0	122	6,359	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	314	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	119	4,526	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	74	0	90.00
90.01	09001	DIABETES CLINIC	73	0	0	16	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	6,352	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	4	117	90.04
91.00	09100	EMERGENCY	10,452	0	0	1,666	105,408	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,152	2,925	503,364	21,827	1,025,464	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
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Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,181	0	0	407	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	0	0	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	17,582	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	782	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	0	37	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	182,697	2,925	503,364	22,271	1,025,464	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/28/2021 7:34 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV
		14.00	15.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - FP				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP				9.01
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	436,916			14.00
15.00	01500	PHARMACY	2,877	137,233		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	255,948	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	136,186
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	624	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,505	0	18,832	10,024
31.00	03100	INTENSIVE CARE UNIT	18,758	0	3,995	2,126
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,775	0	3,765	2,004
43.00	04300	NURSERY	0	0	1,700	905
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	240,968	0	30,536	16,255
51.00	05100	RECOVERY ROOM	3,333	0	2,535	1,349
52.00	05200	DELIVERY ROOM & LABOR ROOM	22	0	2,176	1,158
53.00	05300	ANESTHESIOLOGY	5,035	0	6,042	3,216
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,213	0	46,881	24,900
54.01	05401	RADIOLOGY - I-65	1,794	0	6,171	3,285
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0
54.03	05403	LOWELL RADIOLOGY	0	0	160	85
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	42,226	0	11,393	6,065
55.02	03140	CARDIOLOGY	4,020	0	4,813	2,562
55.03	03450	NEURO-DIAGNOSTICS	685	0	1,213	646
60.00	06000	LABORATORY	1,441	0	37,513	19,969
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,170	0	4,744	2,525
66.00	06600	PHYSICAL THERAPY	18	0	593	316
66.01	06601	PHYSICAL THERAPY I-65	196	0	831	442
66.02	06602	PHYSICAL THERAPY ST JOHN	157	0	215	115
67.00	06700	OCCUPATIONAL THERAPY	0	0	449	239
67.01	06701	OCCUPATION THERAPY I-65	15	0	122	65
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	12	0	25	13
68.00	06800	SPEECH PATHOLOGY	0	0	461	245
68.01	06801	SPEECH PATHOLOGY I-65	0	0	308	164
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	9	5
69.00	06900	ELECTROCARDIOLOGY	232	0	2,438	1,298
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,373	5,522
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,037	4,278
73.00	07300	DRUGS CHARGED TO PATIENTS	0	137,233	15,382	8,188
74.00	07400	RENAL DIALYSIS	102	0	276	147
76.00	03020	RADIATION ONCOLOGY	763	0	5,186	2,760
76.01	03040	ANGIOCARDIOGRAPHY	0	0	264	140
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	207	0	0	0
90.01	09001	DIABETES CLINIC	0	0	5	2
90.02	09002	OUTPATIENT CLINICS	0	0	0	0
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	1,004	0	441	235
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	19	10
91.00	09100	EMERGENCY	19,928	0	28,045	14,928
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
						SERVICES-SALARY & FRINGES APPRV	
118.00		14.00	15.00	16.00	17.00	21.00	
	SUBTOTALS (SUM OF LINES 1 through 117)	436,080	137,233	255,948	136,186	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	570	0	0	0	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	0	0	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	266	0	0	0	0	194.04
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	436,916	137,233	255,948	136,186	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

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Part II
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,878				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		14,575			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			19,223		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			3,532,231		0 30.00
31.00 03100	INTENSIVE CARE UNIT			880,118		0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			606,098		0 35.00
43.00 04300	NURSERY			32,678		0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			2,370,351		0 50.00
51.00 05100	RECOVERY ROOM			314,808		0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			416,161		0 52.00
53.00 05300	ANESTHESIOLOGY			96,774		0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,180,127		0 54.00
54.01 05401	RADIOLOGY - I-65			246,888		0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			34		0 54.02
54.03 05403	LOWELL RADIOLOGY			24,716		0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0		0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			646,622		0 55.01
55.02 03140	CARDIOLOGY			477,131		0 55.02
55.03 03450	NEURO-DIAGNOSTICS			73,586		0 55.03
60.00 06000	LABORATORY			509,081		0 60.00
60.01 06001	BLOOD LABORATORY			0		0 60.01
65.00 06500	RESPIRATORY THERAPY			135,029		0 65.00
66.00 06600	PHYSICAL THERAPY			126,548		0 66.00
66.01 06601	PHYSICAL THERAPY I-65			34,616		0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			4,066		0 66.02
67.00 06700	OCCUPATIONAL THERAPY			6,637		0 67.00
67.01 06701	OCCUPATION THERAPY I-65			3,422		0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			454		0 67.02
68.00 06800	SPEECH PATHOLOGY			4,889		0 68.00
68.01 06801	SPEECH PATHOLOGY I-65			5,290		0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN			159		0 68.02
69.00 06900	ELECTROCARDIOLOGY			153,453		0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			130,702		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			304,818		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			282,899		0 73.00
74.00 07400	RENAL DIALYSIS			21,457		0 74.00
76.00 03020	RADIATION ONCOLOGY			455,487		0 76.00
76.01 03040	ANGIOCARDIOGRAPHY			5,809		0 76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			491		0 90.00
90.01 09001	DIABETES CLINIC			5,443		0 90.01
90.02 09002	OUTPATIENT CLINICS			0		0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			335,496		0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			414		0 90.04
91.00 09100	EMERGENCY			896,691		0 91.00
91.01 09101	EMERGENCY ROOM PHYSICIANS			0		0 91.01
91.02 09102	EXPRESS CARE			0		0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	15,321,674	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES				208,594	0
194.00	07950	FHC				8	0
194.01	07951	CONVENT				77	0
194.02	07952	OTHER NON REIMB - BUILDINGS				865,954	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH				34,917	0
194.04	07954	CENTER OF HOPE				16,886	0
200.00		Cross Foot Adjustments	4,878	14,575	19,223	38,676	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	4,878	14,575	19,223	16,486,786	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/28/2021 7:34 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	3,532,231	30.00
31.00	03100	INTENSIVE CARE UNIT	880,118	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	606,098	35.00
43.00	04300	NURSERY	32,678	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,370,351	50.00
51.00	05100	RECOVERY ROOM	314,808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	416,161	52.00
53.00	05300	ANESTHESIOLOGY	96,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,180,127	54.00
54.01	05401	RADIOLOGY - I-65	246,888	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	34	54.02
54.03	05403	LOWELL RADIOLOGY	24,716	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	646,622	55.01
55.02	03140	CARDIOLOGY	477,131	55.02
55.03	03450	NEURO-DIAGNOSTICS	73,586	55.03
60.00	06000	LABORATORY	509,081	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	135,029	65.00
66.00	06600	PHYSICAL THERAPY	126,548	66.00
66.01	06601	PHYSICAL THERAPY I-65	34,616	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,066	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,637	67.00
67.01	06701	OCCUPATION THERAPY I-65	3,422	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	454	67.02
68.00	06800	SPEECH PATHOLOGY	4,889	68.00
68.01	06801	SPEECH PATHOLOGY I-65	5,290	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	159	68.02
69.00	06900	ELECTROCARDIOLOGY	153,453	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	304,818	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,899	73.00
74.00	07400	RENAL DIALYSIS	21,457	74.00
76.00	03020	RADIATION ONCOLOGY	455,487	76.00
76.01	03040	ANGIOCARDIOGRAPHY	5,809	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	491	90.00
90.01	09001	DIABETES CLINIC	5,443	90.01
90.02	09002	OUTPATIENT CLINICS	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	335,496	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	414	90.04
91.00	09100	EMERGENCY	896,691	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,321,674	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	208,594	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/28/2021 7:34 pm
Cost Center Description		Total		
		26.00		
194.00	07950 FHC	8		194.00
194.01	07951 CONVENT	77		194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	865,954		194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	34,917		194.03
194.04	07954 CENTER OF HOPE	16,886		194.04
200.00	Cross Foot Adjustments	38,676		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	16,486,786		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	544,864				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,046,050			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,970	6,768	76,297,470		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	140,508	94,231	16,619,888	-50,484,481	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,039	41,189	1,072,745	0	6.00
7.00 00700	OPERATION OF PLANT	88,032	67,752	1,563,898	0	7.00
7.01 00701	OPERATION OF PLANT - FP	0	750	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	5,700	80,604	0	8.00
9.00 00900	HOUSEKEEPING	3,674	13,344	1,577,014	0	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	87,569	0	9.01
10.00 01000	DIETARY	16,752	22,963	365,322	0	10.00
11.00 01100	CAFETERIA	0	0	852,437	0	11.00
13.00 01300	NURSING ADMINISTRATION	14,114	498,514	1,936,803	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,784	32,754	339,323	0	14.00
15.00 01500	PHARMACY	1,746	4,007	2,249,050	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,486	4,068	532,008	0	16.00
17.00 01700	SOCIAL SERVICE	2,788	320	1,779,164	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	6,272	202,731	0	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	16,414	55,897	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	51,271	380,054	19,077,255	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,643	228,095	3,271,113	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,993	94,813	1,792,791	0	35.00
43.00 04300	NURSERY	0	0	921,125	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,654	1,049,922	4,332,522	0	50.00
51.00 05100	RECOVERY ROOM	8,953	31,999	330,328	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,999	0	119,245	0	52.00
53.00 05300	ANESTHESIOLOGY	1,271	36,106	66,526	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,325	910,895	5,203,733	0	54.00
54.01 05401	RADIOLOGY - I-65	0	183,438	410,024	0	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	20,064	32,184	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	318,287	896,530	0	55.01
55.02 03140	CARDIOLOGY	2,803	308,223	807,259	0	55.02
55.03 03450	NEURO-DIAGNOSTICS	1,675	10,751	350,041	0	55.03
60.00 06000	LABORATORY	9,009	182	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,758	28,765	1,167,110	0	65.00
66.00 06600	PHYSICAL THERAPY	3,653	1,642	602,790	0	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	9,984	550,860	0	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	102,987	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	212,195	0	67.00
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	88,878	0	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	14,192	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	149,418	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	125,977	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	5,266	0	68.02
69.00 06900	ELECTROCARDIOLOGY	3,790	25,609	270,503	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,366	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	516	0	0	0	74.00
76.00 03020	RADIATION ONCOLOGY	0	364,818	327,714	0	76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	183,209	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CLINIC	120	0	38,906	0	90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	10,451	12,196	821,416	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	9,217	0	90.04
91.00 09100	EMERGENCY	17,196	117,497	3,352,030	0	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		507,774	4,993,752	74,947,797	-50,484,481	142,740,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	860	947,303	0	932,292	192.00
194.00	07950	FHC	0	0	0	0	416	194.00
194.01	07951	CONVENT	0	0	0	0	3,874	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	49,059	0	0	1,242,458	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	0	0	-24,211	0	194.03
194.04	07954	CENTER OF HOPE	0	2,379	402,370	0	668,302	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		10,745,476	5,741,310	3,678,155		50,484,481	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		19.721391	1.137783	0.048208		0.346764	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				105,716		2,901,262	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001386		0.019928	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	398,347				6.00	
7.00	00700	OPERATION OF PLANT	88,032	310,315			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	70,158		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	23,661	904,604	8.00	
9.00	00900	HOUSEKEEPING	3,674	3,674	4,892	80,302	300,570	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	16,752	16,752	0	10,887	16,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,114	14,114	0	0	14,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,784	13,784	0	2,627	13,784	14.00
15.00	01500	PHARMACY	1,746	1,746	0	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,486	7,486	0	0	7,486	16.00
17.00	01700	SOCIAL SERVICE	2,788	2,788	0	0	2,788	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,271	51,271	0	456,857	51,271	30.00
31.00	03100	INTENSIVE CARE UNIT	10,643	10,643	0	31,097	10,643	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,993	12,993	0	21,467	12,993	35.00
43.00	04300	NURSERY	0	0	0	9,411	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,654	23,654	0	98,894	23,654	50.00
51.00	05100	RECOVERY ROOM	8,953	8,953	0	0	8,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,999	12,999	0	0	12,999	52.00
53.00	05300	ANESTHESIOLOGY	1,271	1,271	0	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,325	28,325	0	22,716	28,325	54.00
54.01	05401	RADIOLOGY - I-65	0	0	16,873	22,333	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	160	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,730	5,730	0	7,921	5,730	55.01
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	0	7,246	1,675	55.03
60.00	06000	LABORATORY	9,009	9,009	0	1,043	9,009	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,758	1,758	0	0	1,758	65.00
66.00	06600	PHYSICAL THERAPY	3,653	3,653	0	26,392	3,653	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	18,441	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	2,268	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	4,023	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	3,790	3,790	0	5,379	3,790	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	516	0	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	4,556	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	545	0	90.00
90.01	09001	DIABETES CLINIC	120	120	0	4,837	120	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	10,451	10,451	0	25,433	10,451	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	17,196	17,196	0	64,501	17,196	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,257	273,225	70,158	904,604	263,480	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		6.00	7.00	7.01	8.00	9.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	6,878	0	6,878	192.00
194.00	07950	FHC	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	28,926	0	28,926	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	1,286	0	1,286	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,367,803	10,769,381	1,134,000	1,821,348	3,784,017
203.00		Unit cost multiplier (Wkst. B, Part I)	15.985568	34.704674	16.163517	2.013420	12.589470
204.00		Cost to be allocated (per Wkst. B, Part II)	163,066	1,989,936	17,633	190,426	182,697
205.00		Unit cost multiplier (Wkst. B, Part II)	0.409357	6.412632	0.251333	0.210508	0.607835
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	41,605					9.01
10.00	01000	0	153,968				10.00
11.00	01100	0	0	1,358,694			11.00
13.00	01300	0	0	48,842	570,264		13.00
14.00	01400	0	0	19,854	0	9,263,395	14.00
15.00	01500	0	0	55,751	0	61,001	15.00
16.00	01600	0	0	13,093	0	0	16.00
17.00	01700	0	0	48,431	637	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	5,906	2	13,223	23.00
23.01	02301	0	0	1,448	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	122,365	360,987	290,986	1,198,009	30.00
31.00	03100	0	16,354	83,777	74,553	397,698	31.00
35.00	02060	0	0	42,752	37,983	143,633	35.00
43.00	04300	0	0	26,602	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	115,226	53,516	5,108,955	50.00
51.00	05100	0	0	8,466	7,477	70,662	51.00
52.00	05200	0	15,249	78,928	0	473	52.00
53.00	05300	0	0	2,588	915	106,745	53.00
54.00	05400	0	0	158,184	21,023	428,553	54.00
54.01	05401	16,873	0	12,378	0	38,046	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	1,250	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	22,286	14,500	895,265	55.01
55.02	03140	0	0	19,784	3,936	85,225	55.02
55.03	03450	0	0	6,620	0	14,518	55.03
60.00	06000	0	0	0	0	30,547	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	37,023	0	173,216	65.00
66.00	06600	0	0	11,698	0	375	66.00
66.01	06601	18,441	0	11,773	0	4,159	66.01
66.02	06602	0	0	2,596	0	3,332	66.02
67.00	06700	0	0	4,915	0	0	67.00
67.01	06701	2,268	0	1,833	0	321	67.01
67.02	06702	0	0	314	0	250	67.02
68.00	06800	0	0	3,334	0	10	68.00
68.01	06801	4,023	0	2,720	0	3	68.01
68.02	06802	0	0	113	0	0	68.02
69.00	06900	0	0	7,446	3,536	4,929	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	2,156	74.00
76.00	03020	0	0	7,234	2,517	16,170	76.00
76.01	03040	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	4,512	0	4,392	90.00
90.01	09001	0	0	994	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	21,290	90.03
90.04	09004	0	0	257	65	0	90.04
91.00	09100	0	0	101,664	58,618	422,507	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	41,605	153,968	1,331,579	570,264	9,245,663	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	24,860	0	12,091	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	0	0	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	2,255	0	5,641	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	189,515	2,406,748	1,425,270	5,780,856	2,523,549	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.555102	15.631482	1.049000	10.137158	0.272422	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,925	503,364	22,271	1,025,464	436,916	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.070304	3.269277	0.016391	1.798227	0.047166	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	6,126,842					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	788,107,853				16.00
17.00 01700 SOCIAL SERVICE	0	0	788,107,853			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,001		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,001	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	57,944,456	57,944,456	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	12,291,700	12,291,700	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	11,585,851	11,585,851	0	0	35.00
43.00 04300 NURSERY	0	5,231,447	5,231,447	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	93,958,209	93,958,209	0	0	50.00
51.00 05100 RECOVERY ROOM	0	7,799,623	7,799,623	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,694,112	6,694,112	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	18,590,671	18,590,671	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	144,822,699	144,822,699	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	18,987,989	18,987,989	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	492,543	492,543	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHERIZATION LAB	0	35,056,074	35,056,074	0	0	55.01
55.02 03140 RADIOLOGY	0	14,810,576	14,810,576	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	3,731,852	3,731,852	0	0	55.03
60.00 06000 LABORATORY	0	115,425,074	115,425,074	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	14,598,030	14,598,030	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,825,536	1,825,536	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	2,555,894	2,555,894	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	661,959	661,959	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,381,750	1,381,750	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	374,964	374,964	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	76,139	76,139	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	1,418,573	1,418,573	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	947,187	947,187	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	28,045	28,045	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	7,502,353	7,502,353	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,916,491	31,916,491	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	24,728,535	24,728,535	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,126,842	47,328,938	47,328,938	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	849,572	849,572	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	15,956,440	15,956,440	0	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	811,722	811,722	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	14,300	14,300	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	1,358,105	1,358,105	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	59,198	59,198	0	0	90.04
91.00 09100 EMERGENCY	0	86,291,246	86,291,246	1,001	1,001	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	15.00	16.00	17.00	21.00	22.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		6,126,842	788,107,853	788,107,853	1,001	1,001	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,481,246	3,671,460	3,999,309	0	329,692	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.894628	0.004659	0.005075	0.000000	329.362637	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,233	255,948	136,186	0	4,878	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022399	0.000325	0.000173	0.000000	4.873127	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED PRGM- (SPECIFY)	1,001	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,001	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	RADIOLOGY - I-65	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	55.01
55.02	03140	CARDIOLOGY	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	55.03
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CLINIC	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	1,001	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,001	1,001	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 FHC	0	0	194.00
194.01	07951 CONVENT	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	194.04
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	444,565	31,665	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	444.120879	31.633367	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,575	19,223	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.560440	19.203796	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/28/2021 7:34 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		48,856,614	34,688	48,891,302	30.00
31.00	03100 INTENSIVE CARE UNIT		9,278,594	23,470	9,302,064	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,292,167	1,921	5,294,088	35.00
43.00	04300 NURSERY		1,880,496	0	1,880,496	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		12,831,413	2,732	12,834,145	50.00
51.00	05100 RECOVERY ROOM		1,696,297	0	1,696,297	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,787,174	0	1,787,174	52.00
53.00	05300 ANESTHESIOLOGY		647,911	0	647,911	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,305,844	42	19,305,886	54.00
54.01	05401 RADIOLOGY - I-65		1,685,792	0	1,685,792	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		322	0	322	54.02
54.03	05403 LOWELL RADIOLOGY		112,776	0	112,776	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		3,828,526	1,976	3,830,502	55.01
55.02	03140 RADIOLOGY		2,461,138	535	2,461,673	55.02
55.03	03450 NEURO-DIAGNOSTICS		925,611	2,269	927,880	55.03
60.00	06000 LABORATORY		15,566,781	14,868	15,581,649	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,833,431	0	2,833,431	65.00
66.00	06600 PHYSICAL THERAPY	0	1,530,095	0	1,530,095	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,427,342	0	1,427,342	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	239,346	0	239,346	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	395,331	0	395,331	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	210,679	0	210,679	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	26,757	0	26,757	67.02
68.00	06800 SPEECH PATHOLOGY	0	282,305	0	282,305	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	318,717	0	318,717	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	9,600	0	9,600	68.02
69.00	06900 ELECTROCARDIOLOGY		1,039,446	2,489	1,041,935	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,581,180	0	4,581,180	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		20,008,504	0	20,008,504	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		14,193,356	0	14,193,356	73.00
74.00	07400 RENAL DIALYSIS		509,307	0	509,307	74.00
76.00	03020 RADIOLOGY ONCOLOGY		1,934,550	6,273	1,940,823	76.00
76.01	03040 ANGIOCARDIOGRAPHY		356,046	0	356,046	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		13,458	2,424	15,882	90.00
90.01	09001 DIABETES CLINIC		92,105	0	92,105	90.01
90.02	09002 OUTPATIENT CLINICS		0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		2,738,179	3,140	2,741,319	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		18,458	0	18,458	90.04
91.00	09100 EMERGENCY		10,611,513	12,811	10,624,324	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		0	0	0	91.01
91.02	09102 EXPRESS CARE		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,913,787	0	5,913,787	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		195,440,948	109,638	195,550,586	200.00
201.00	Less Observation Beds		5,913,787		5,913,787	201.00
202.00	Total (see instructions)		189,527,161	109,638	189,636,799	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/28/2021 7:34 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,664,207		50,664,207				30.00
31.00	03100	INTENSIVE CARE UNIT	12,291,700		12,291,700				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,585,851		11,585,851				35.00
43.00	04300	NURSERY	5,231,447		5,231,447				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,497,452	62,460,757	93,958,209	0.136565	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,681,374	5,118,249	7,799,623	0.217484	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,665,676	28,436	6,694,112	0.266977	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	6,713,373	11,877,298	18,590,671	0.034851	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,612,654	105,210,045	144,822,699	0.133307	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	79,706	18,908,283	18,987,989	0.088782	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	2,566	489,977	492,543	0.228967	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	18,104,333	16,951,741	35,056,074	0.109211	0.000000		55.01
55.02	03140	CARDIOLOGY	5,350,217	9,460,359	14,810,576	0.166174	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	699,133	3,032,719	3,731,852	0.248030	0.000000		55.03
60.00	06000	LABORATORY	45,160,525	70,264,549	115,425,074	0.134865	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	12,756,403	1,841,627	14,598,030	0.194097	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,534,876	290,660	1,825,536	0.838162	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	957	2,554,937	2,555,894	0.558451	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	661,959	661,959	0.361572	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,231,278	150,472	1,381,750	0.286109	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0	374,964	374,964	0.561865	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	76,139	76,139	0.351423	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	1,331,829	86,744	1,418,573	0.199006	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	947,187	947,187	0.336488	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	28,045	28,045	0.342307	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	2,605,646	4,896,707	7,502,353	0.138549	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,365,976	13,550,515	31,916,491	0.143536	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,232,100	13,496,435	24,728,535	0.809126	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,337,659	9,991,279	47,328,938	0.299887	0.000000		73.00
74.00	07400	RENAL DIALYSIS	813,664	35,908	849,572	0.599487	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	477,602	15,478,838	15,956,440	0.121239	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	1,610	810,112	811,722	0.438630	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	14,300	14,300	6.440909	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,358,105	1,358,105	2.016176	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	59,198	59,198	0.311801	0.000000		90.04
91.00	09100	EMERGENCY	27,535,585	58,755,661	86,291,246	0.122973	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,982,834	5,297,415	7,280,249	0.812306	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	353,548,233	434,559,620	788,107,853				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	353,548,233	434,559,620	788,107,853				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/28/2021 7:34 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136594		50.00
51.00	05100	RECOVERY ROOM	0.217484		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266977		52.00
53.00	05300	ANESTHESIOLOGY	0.034851		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133307		54.00
54.01	05401	RADIOLOGY - I-65	0.088782		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.228967		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.109268		55.01
55.02	03140	CARDIOLOGY	0.166210		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.248638		55.03
60.00	06000	LABORATORY	0.134994		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.194097		65.00
66.00	06600	PHYSICAL THERAPY	0.838162		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.558451		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	0.361572		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.286109		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.561865		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.351423		67.02
68.00	06800	SPEECH PATHOLOGY	0.199006		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.336488		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.342307		68.02
69.00	06900	ELECTROCARDIOLOGY	0.138881		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.143536		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.809126		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299887		73.00
74.00	07400	RENAL DIALYSIS	0.599487		74.00
76.00	03020	RADIATION ONCOLOGY	0.121633		76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.438630		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CLINIC	6.440909		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	2.018488		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.311801		90.04
91.00	09100	EMERGENCY	0.123122		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102	EXPRESS CARE	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.812306		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/28/2021 7:34 pm
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		48,856,614	34,688	48,891,302
31.00	03100 INTENSIVE CARE UNIT		9,278,594	23,470	9,302,064
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,292,167	1,921	5,294,088
43.00	04300 NURSERY		1,880,496	0	1,880,496
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		12,831,413	2,732	12,834,145
51.00	05100 RECOVERY ROOM		1,696,297	0	1,696,297
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,787,174	0	1,787,174
53.00	05300 ANESTHESIOLOGY		647,911	0	647,911
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,305,844	42	19,305,886
54.01	05401 RADIOLOGY - I-65		1,685,792	0	1,685,792
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		322	0	322
54.03	05403 LOWELL RADIOLOGY		112,776	0	112,776
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
55.01	05501 CARDIAC CATHETERIZATION LAB		3,828,526	1,976	3,830,502
55.02	03140 RADIOLOGY		2,461,138	535	2,461,673
55.03	03450 NEURO-DIAGNOSTICS		925,611	2,269	927,880
60.00	06000 LABORATORY		15,566,781	14,868	15,581,649
60.01	06001 BLOOD LABORATORY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,833,431	0	2,833,431
66.00	06600 PHYSICAL THERAPY	0	1,530,095	0	1,530,095
66.01	06601 PHYSICAL THERAPY I-65	0	1,427,342	0	1,427,342
66.02	06602 PHYSICAL THERAPY ST JOHN	0	239,346	0	239,346
67.00	06700 OCCUPATIONAL THERAPY	0	395,331	0	395,331
67.01	06701 OCCUPATION THERAPY I-65	0	210,679	0	210,679
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	26,757	0	26,757
68.00	06800 SPEECH PATHOLOGY	0	282,305	0	282,305
68.01	06801 SPEECH PATHOLOGY I-65	0	318,717	0	318,717
68.02	06802 SPEECH THERAPY ST. JOHN	0	9,600	0	9,600
69.00	06900 ELECTROCARDIOLOGY		1,039,446	2,489	1,041,935
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,581,180	0	4,581,180
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		20,008,504	0	20,008,504
73.00	07300 DRUGS CHARGED TO PATIENTS		14,193,356	0	14,193,356
74.00	07400 RENAL DIALYSIS		509,307	0	509,307
76.00	03020 RADIOLOGY ONCOLOGY		1,934,550	6,273	1,940,823
76.01	03040 ANGIOCARDIOGRAPHY		356,046	0	356,046
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		13,458	2,424	15,882
90.01	09001 DIABETES CLINIC		92,105	0	92,105
90.02	09002 OUTPATIENT CLINICS		0	0	0
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		2,738,179	3,140	2,741,319
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		18,458	0	18,458
91.00	09100 EMERGENCY		10,611,513	12,811	10,624,324
91.01	09101 EMERGENCY ROOM PHYSICIANS		0	0	0
91.02	09102 EXPRESS CARE		0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,913,787	0	5,913,787
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		195,440,948	109,638	195,550,586
201.00	Less Observation Beds		5,913,787		5,913,787
202.00	Total (see instructions)		189,527,161	109,638	189,636,799

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/28/2021 7:34 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,664,207		50,664,207				30.00
31.00	03100	INTENSIVE CARE UNIT	12,291,700		12,291,700				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,585,851		11,585,851				35.00
43.00	04300	NURSERY	5,231,447		5,231,447				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,497,452	62,460,757	93,958,209	0.136565	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,681,374	5,118,249	7,799,623	0.217484	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,665,676	28,436	6,694,112	0.266977	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	6,713,373	11,877,298	18,590,671	0.034851	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,612,654	105,210,045	144,822,699	0.133307	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	79,706	18,908,283	18,987,989	0.088782	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	2,566	489,977	492,543	0.228967	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	18,104,333	16,951,741	35,056,074	0.109211	0.000000		55.01
55.02	03140	CARDIOLOGY	5,350,217	9,460,359	14,810,576	0.166174	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	699,133	3,032,719	3,731,852	0.248030	0.000000		55.03
60.00	06000	LABORATORY	45,160,525	70,264,549	115,425,074	0.134865	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	12,756,403	1,841,627	14,598,030	0.194097	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,534,876	290,660	1,825,536	0.838162	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	957	2,554,937	2,555,894	0.558451	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	0	661,959	661,959	0.361572	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,231,278	150,472	1,381,750	0.286109	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0	374,964	374,964	0.561865	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	76,139	76,139	0.351423	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	1,331,829	86,744	1,418,573	0.199006	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	947,187	947,187	0.336488	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	28,045	28,045	0.342307	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	2,605,646	4,896,707	7,502,353	0.138549	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,365,976	13,550,515	31,916,491	0.143536	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,232,100	13,496,435	24,728,535	0.809126	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,337,659	9,991,279	47,328,938	0.299887	0.000000		73.00
74.00	07400	RENAL DIALYSIS	813,664	35,908	849,572	0.599487	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	477,602	15,478,838	15,956,440	0.121239	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	1,610	810,112	811,722	0.438630	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	14,300	14,300	6.440909	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,358,105	1,358,105	2.016176	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	59,198	59,198	0.311801	0.000000		90.04
91.00	09100	EMERGENCY	27,535,585	58,755,661	86,291,246	0.122973	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,982,834	5,297,415	7,280,249	0.812306	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	353,548,233	434,559,620	788,107,853				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	353,548,233	434,559,620	788,107,853				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIOLOGY - I-65	0.000000			54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000			54.02
54.03	05403	LOWELL RADIOLOGY	0.000000			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.000000			55.01
55.02	03140	CARDIOLOGY	0.000000			55.02
55.03	03450	NEURO-DIAGNOSTICS	0.000000			55.03
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY I-65	0.000000			66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
67.01	06701	OCCUPATION THERAPY I-65	0.000000			67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.000000			67.02
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.000000			68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000			68.02
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	RADIATION ONCOLOGY	0.000000			76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CLINIC	0.000000			90.01
90.02	09002	OUTPATIENT CLINICS	0.000000			90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000			90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000			91.01
91.02	09102	EXPRESS CARE	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,532,231	0	3,532,231	32,375	109.10	30.00	
31.00	INTENSIVE CARE UNIT	880,118		880,118	3,860	228.01	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	606,098		606,098	2,420	250.45	35.00	
43.00	NURSERY	32,678		32,678	2,133	15.32	43.00	
200.00	Total (lines 30 through 199)	5,051,125		5,051,125	40,788		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,350	1,456,485					30.00
31.00	INTENSIVE CARE UNIT	1,726	393,545					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	15,076	1,850,030					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,370,351	93,958,209	0.025228	14,970,029	377,664	50.00
51.00	05100 RECOVERY ROOM	314,808	7,799,623	0.040362	1,534,498	61,935	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	416,161	6,694,112	0.062168	10,600	659	52.00
53.00	05300 ANESTHESIOLOGY	96,774	18,590,671	0.005206	2,482,229	12,922	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,180,127	144,822,699	0.015054	17,673,965	266,064	54.00
54.01	05401 RADIOLOGY - I-65	246,888	18,987,989	0.013002	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	34	0	0.000000	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	24,716	492,543	0.050180	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	646,622	35,056,074	0.018445	5,592,370	103,151	55.01
55.02	03140 RADIOLOGY	477,131	14,810,576	0.032216	2,598,679	83,719	55.02
55.03	03450 NEURO-DIAGNOSTICS	73,586	3,731,852	0.019718	370,828	7,312	55.03
60.00	06000 LABORATORY	509,081	115,425,074	0.004410	23,212,549	102,367	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	135,029	14,598,030	0.009250	5,917,323	54,735	65.00
66.00	06600 PHYSICAL THERAPY	126,548	1,825,536	0.069321	767,495	53,204	66.00
66.01	06601 PHYSICAL THERAPY I-65	34,616	2,555,894	0.013544	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	4,066	661,959	0.006142	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	6,637	1,381,750	0.004803	696,316	3,344	67.00
67.01	06701 OCCUPATION THERAPY I-65	3,422	374,964	0.009126	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	454	76,139	0.005963	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	4,889	1,418,573	0.003446	578,340	1,993	68.00
68.01	06801 SPEECH PATHOLOGY I-65	5,290	947,187	0.005585	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	159	28,045	0.005669	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	153,453	7,502,353	0.020454	1,611,814	32,968	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	130,702	31,916,491	0.004095	8,008,573	32,795	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	304,818	24,728,535	0.012327	5,108,193	62,969	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	282,899	47,328,938	0.005977	15,522,041	92,775	73.00
74.00	07400 RENAL DIALYSIS	21,457	849,572	0.025256	473,915	11,969	74.00
76.00	03020 RADIATION ONCOLOGY	455,487	15,956,440	0.028546	173,373	4,949	76.00
76.01	03040 ANGIOCARDIOGRAPHY	5,809	811,722	0.007156	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	491	0	0.000000	0	0	90.00
90.01	09001 DIABETES CLINIC	5,443	14,300	0.380629	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0.000000	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	335,496	1,358,105	0.247032	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	414	59,198	0.006993	0	0	90.04
91.00	09100 EMERGENCY	896,691	86,291,246	0.010391	14,002,310	145,498	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	427,253	7,280,249	0.058687	1,055,851	61,965	92.00
200.00	Total (lines 50 through 199)	10,697,802	708,334,648		122,361,291	1,574,957	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	32,375	0.00	13,350	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,860	0.00	1,726	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,420	0.00	0	35.00
43.00	04300	NURSERY		0	2,133	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	40,788		15,076	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	0	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	31,665	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	0	0	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	444,565	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	476,230	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	93,958,209	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,799,623	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,694,112	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	18,590,671	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	144,822,699	0.000000	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	18,987,989	0.000000	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0.000000	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	492,543	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	35,056,074	0.000000	55.01
55.02 03140 RADIOLOGY	0	0	0	14,810,576	0.000000	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	3,731,852	0.000000	55.03
60.00 06000 LABORATORY	0	0	0	115,425,074	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,598,030	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,825,536	0.000000	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	2,555,894	0.000000	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	661,959	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,381,750	0.000000	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	374,964	0.000000	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	76,139	0.000000	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,418,573	0.000000	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	947,187	0.000000	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	28,045	0.000000	68.02
69.00 06900 ELECTROCARDIOLOGY	0	31,665	31,665	7,502,353	0.004221	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,916,491	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,728,535	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	47,328,938	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	849,572	0.000000	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	15,956,440	0.000000	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	811,722	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 DIABETES CLINIC	0	0	0	14,300	0.000000	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0.000000	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	1,358,105	0.000000	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	59,198	0.000000	90.04
91.00 09100 EMERGENCY	0	444,565	444,565	86,291,246	0.005152	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0.000000	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0.000000	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,280,249	0.000000	92.00
200.00 Total (lines 50 through 199)	0	476,230	476,230	708,334,648		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/28/2021 7:34 pm
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,970,029	0	16,160,254	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,534,498	0	2,768,775	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,600	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,482,229	0	2,654,368	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,673,965	0	31,873,556	0	54.00
54.01	05401 RADIOLOGY - I-65	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.000000	5,592,370	0	10,057,839	0	55.01
55.02	03140 RADIOLOGY	0.000000	2,598,679	0	3,299,113	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.000000	370,828	0	636,777	0	55.03
60.00	06000 LABORATORY	0.000000	23,212,549	0	1,524,985	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	5,917,323	0	702,861	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	767,495	0	12,178	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.000000	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	696,316	0	5,693	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.000000	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	578,340	0	15,849	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.000000	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.004221	1,611,814	6,803	2,439,508	10,297	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,008,573	0	3,395,513	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,108,193	0	3,859,511	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,522,041	0	2,938,501	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	473,915	0	14,788	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.000000	173,373	0	0	0	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.000000	0	0	520,458	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	3,470	0	90.01
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.005152	14,002,310	72,140	12,943,405	66,684	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,055,851	0	1,379,006	0	92.00
200.00	Total (lines 50 through 199)		122,361,291	78,943	97,206,408	76,981	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/28/2021 7:34 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.136565	16,160,254	0	0	2,206,925
51.00 05100 RECOVERY ROOM	0.217484	2,768,775	0	0	602,164
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.266977	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.034851	2,654,368	0	0	92,507
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.133307	31,873,556	0	0	4,248,968
54.01 05401 RADIOLOGY - I-65	0.088782	0	0	0	0
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0
54.03 05403 LOWELL RADIOLOGY	0.228967	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 CARDIAC CATHETERIZATION LAB	0.109211	10,057,839	0	0	1,098,427
55.02 03140 RADIOLOGY	0.166174	3,299,113	0	0	548,227
55.03 03450 NEURO-DIAGNOSTICS	0.248030	636,777	0	0	157,940
60.00 06000 LABORATORY	0.134865	1,524,985	0	0	205,667
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.194097	702,861	0	0	136,423
66.00 06600 PHYSICAL THERAPY	0.838162	12,178	0	0	10,207
66.01 06601 PHYSICAL THERAPY I-65	0.558451	0	0	0	0
66.02 06602 PHYSICAL THERAPY ST. JOHN	0.361572	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.286109	5,693	0	0	1,629
67.01 06701 OCCUPATIONAL THERAPY I-65	0.561865	0	0	0	0
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0.351423	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.199006	15,849	0	0	3,154
68.01 06801 SPEECH PATHOLOGY I-65	0.336488	0	0	0	0
68.02 06802 SPEECH THERAPY ST. JOHN	0.342307	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.138549	2,439,508	0	0	337,991
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.143536	3,395,513	0	0	487,378
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.809126	3,859,511	0	0	3,122,831
73.00 07300 DRUGS CHARGED TO PATIENTS	0.299887	2,938,501	0	8,212	881,218
74.00 07400 RENAL DIALYSIS	0.599487	14,788	0	0	8,865
76.00 03020 RADIATION ONCOLOGY	0.121239	0	0	0	0
76.01 03040 ANGIOCARDIOGRAPHY	0.438630	520,458	0	0	228,288
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CLINIC	6.440909	3,470	0	0	22,350
90.02 09002 OUTPATIENT CLINICS	0.000000	0	0	0	0
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	2.016176	0	0	0	0
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.311801	0	0	0	0
91.00 09100 EMERGENCY	0.122973	12,943,405	0	0	1,591,689
91.01 09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0
91.02 09102 EXPRESS CARE	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.812306	1,379,006	0	0	1,120,175
200.00 Subtotal (see instructions)		97,206,408	0	8,212	17,113,023
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		97,206,408	0	8,212	17,113,023

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/28/2021 7:34 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,463		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	2,463		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	2,463		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/28/2021 7:34 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.136565	0	8,146,791	0	0
51.00 05100 RECOVERY ROOM	0.217484	0	1,060,528	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.266977	0	6,254	0	0
53.00 05300 ANESTHESIOLOGY	0.034851	0	1,560,146	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.133307	0	13,950,456	0	0
54.01 05401 RADIOLOGY - I-65	0.088782	0	1,890,880	0	0
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0
54.03 05403 LOWELL RADIOLOGY	0.228967	0	68,110	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 CARDIAC CATHETERIZATION LAB	0.109211	0	1,151,694	0	0
55.02 03140 RADIOLOGY	0.166174	0	763,001	0	0
55.03 03450 NEURO-DIAGNOSTICS	0.248030	0	457,050	0	0
60.00 06000 LABORATORY	0.134865	0	9,721,777	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.194097	0	231,713	0	0
66.00 06600 PHYSICAL THERAPY	0.838162	0	20,868	0	0
66.01 06601 PHYSICAL THERAPY I-65	0.558451	0	340,940	0	0
66.02 06602 PHYSICAL THERAPY ST JOHN	0.361572	0	74,837	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.286109	0	9,520	0	0
67.01 06701 OCCUPATIONAL THERAPY I-65	0.561865	0	47,988	0	0
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0.351423	0	15,393	0	0
68.00 06800 SPEECH PATHOLOGY	0.199006	0	8,130	0	0
68.01 06801 SPEECH PATHOLOGY I-65	0.336488	0	353,030	0	0
68.02 06802 SPEECH THERAPY ST. JOHN	0.342307	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.138549	0	538,779	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.143536	0	1,717,000	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.809126	0	1,618,593	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.299887	0	1,219,171	0	0
74.00 07400 RENAL DIALYSIS	0.599487	0	2,200	0	0
76.00 03020 RADIATION ONCOLOGY	0.121239	0	1,187,363	0	0
76.01 03040 ANGIOCARDIOGRAPHY	0.438630	0	40,774	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CLINIC	6.440909	0	1,360	0	0
90.02 09002 OUTPATIENT CLINICS	0.000000	0	0	0	0
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	2.016176	0	0	0	0
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.311801	0	15,903	0	0
91.00 09100 EMERGENCY	0.122973	0	12,643,868	0	0
91.01 09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0
91.02 09102 EXPRESS CARE	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.812306	0	846,724	0	0
200.00 Subtotal (see instructions)		0	59,710,841	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		0	59,710,841	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/28/2021 7:34 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,112,567	0		50.00
51.00 05100 RECOVERY ROOM	230,648	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,670	0		52.00
53.00 05300 ANESTHESIOLOGY	54,373	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,859,693	0		54.00
54.01 05401 RADIOLOGY - I-65	167,876	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	15,595	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	125,778	0		55.01
55.02 03140 CARDIOLOGY	126,791	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	113,362	0		55.03
60.00 06000 LABORATORY	1,311,127	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	44,975	0		65.00
66.00 06600 PHYSICAL THERAPY	17,491	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	190,398	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	27,059	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	2,724	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	26,963	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	5,409	0		67.02
68.00 06800 SPEECH PATHOLOGY	1,618	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	118,790	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	74,647	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	246,451	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,309,646	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	365,614	0		73.00
74.00 07400 RENAL DIALYSIS	1,319	0		74.00
76.00 03020 RADIATION ONCOLOGY	143,955	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	17,885	0		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	8,760	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	4,959	0		90.04
91.00 09100 EMERGENCY	1,554,854	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	687,799	0		92.00
200.00 Subtotal (see instructions)	9,970,796	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	9,970,796	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/28/2021 7:34 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,375	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,375	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		28,459	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,350	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,891,302	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		48,891,302	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,891,302	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,510.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,160,636	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		20,160,636	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,302,064	3,860	2,409.86	1,726	4,159,418	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,294,088	2,420	2,187.64	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,247,090	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,567,144	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,850,030	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,653,900	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,503,930	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,063,214	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,916	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,510.16	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,913,787	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,532,231	48,891,302	0.072247	5,913,787	427,253	90.00
91.00	Nursing School cost	0	48,891,302	0.000000	5,913,787	0	91.00
92.00	Allied health cost	0	48,891,302	0.000000	5,913,787	0	92.00
93.00	All other Medical Education	0	48,891,302	0.000000	5,913,787	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,852,095	30.00
31.00	03100	INTENSIVE CARE UNIT		5,540,733	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136594	14,970,029	50.00
51.00	05100	RECOVERY ROOM	0.217484	1,534,498	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266977	10,600	52.00
53.00	05300	ANESTHESIOLOGY	0.034851	2,482,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133307	17,673,965	54.00
54.01	05401	RADIOLOGY - I-65	0.088782	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.228967	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.109268	5,592,370	55.01
55.02	03140	CARDIOLOGY	0.166210	2,598,679	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.248638	370,828	55.03
60.00	06000	LABORATORY	0.134994	23,212,549	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.194097	5,917,323	65.00
66.00	06600	PHYSICAL THERAPY	0.838162	767,495	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.558451	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.361572	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.286109	696,316	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.561865	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.351423	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.199006	578,340	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.336488	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.342307	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.138881	1,611,814	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.143536	8,008,573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.809126	5,108,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299887	15,522,041	73.00
74.00	07400	RENAL DIALYSIS	0.599487	473,915	74.00
76.00	03020	RADIATION ONCOLOGY	0.121633	173,373	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.438630	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	6.440909	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	2.018488	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.311801	0	90.04
91.00	09100	EMERGENCY	0.123122	14,002,310	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.812306	1,055,851	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		122,361,291	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		122,361,291	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/28/2021 7:34 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,216,520	30.00
31.00	03100	INTENSIVE CARE UNIT		1,424,247	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		5,094,570	35.00
43.00	04300	NURSERY		908,068	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136565	3,258,282	50.00
51.00	05100	RECOVERY ROOM	0.217484	287,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266977	797,911	52.00
53.00	05300	ANESTHESIOLOGY	0.034851	847,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133307	4,141,981	54.00
54.01	05401	RADIOLOGY - I-65	0.088782	1,993	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.228967	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.109211	1,540,074	55.01
55.02	03140	CARDIOLOGY	0.166174	504,913	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.248030	64,793	55.03
60.00	06000	LABORATORY	0.134865	4,805,495	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.194097	1,169,421	65.00
66.00	06600	PHYSICAL THERAPY	0.838162	152,062	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.558451	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.361572	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.286109	74,812	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.561865	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.351423	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.199006	263,203	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.336488	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.342307	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.138549	195,898	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.143536	2,097,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.809126	1,081,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299887	4,802,363	73.00
74.00	07400	RENAL DIALYSIS	0.599487	41,976	74.00
76.00	03020	RADIATION ONCOLOGY	0.121239	109,223	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.438630	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	6.440909	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	2.016176	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.311801	0	90.04
91.00	09100	EMERGENCY	0.122973	2,507,090	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.812306	168,004	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,913,473	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		28,913,473	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 7:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,229,875	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,612,511	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		952,326	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		329,925	2.04
3.00	Managed Care Simulated Payments		10,669,525	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		181.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		2.08	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.43	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		2.51	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.08	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		2.08	12.00
13.00	Total allowable FTE count for the prior year.		0.96	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.98	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.67	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.009211	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.004458	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.004458	21.00
22.00	IME payment adjustment (see instructions)		79,938	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		25,970	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.43	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		79,938	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		25,970	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.63	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.40	31.00
32.00	Sum of lines 30 and 31		18.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.48	33.00
34.00	Disproportionate share adjustment (see instructions)		367,835	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 7:34 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000604044	0.000385265	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,044,129	3,193,852	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,776,206	805,026	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,581,232		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	39,153,642		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		39,179,612	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,798,358	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		48,486	52.00
53.00	Nursing and Allied Health Managed Care payment		35,923	53.00
54.00	Special add-on payments for new technologies		230,122	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		78,943	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,371,444	59.00
60.00	Primary payer payments		8,009	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,363,435	61.00
62.00	Deductibles billed to program beneficiaries		2,991,516	62.00
63.00	Coinurance billed to program beneficiaries		48,576	63.00
64.00	Allowable bad debts (see instructions)		274,609	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		178,496	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		51,720	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,501,839	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-92,713	70.93
70.94	HRR adjustment amount (see instructions)		-158,843	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 7:34 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			39,250,283	71.00
71.01	Sequestration adjustment (see instructions)			259,052	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			38,632,856	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			358,375	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			705,912	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/28/2021 7:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,463	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,036,042	2.00
3.00	OPPS payments		13,947,534	3.00
4.00	Outlier payment (see instructions)		55,193	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		76,981	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,463	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,212	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		8,212	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		8,212	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,749	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		2,463	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		14,079,708	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		156,373	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,477,614	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		11,448,184	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		17,086	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,465,270	30.00
31.00	Primary payer payments		3,774	31.00
32.00	Subtotal (line 30 minus line 31)		11,461,496	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		254,183	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		165,219	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		148,309	36.00
37.00	Subtotal (see instructions)		11,626,715	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-185	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,626,900	40.00
40.01	Sequestration adjustment (see instructions)		76,738	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,615,031	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-64,869	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet E-1
Part I
Date/Time Prepared:
7/28/2021 7:34 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,606,856		11,615,031	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/17/2020	26,000		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		26,000		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,632,856		11,615,031	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		358,375		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		64,869	6.02	
7.00	Total Medicare program liability (see instructions)		38,991,231		11,550,162	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet E-1
Part II
Date/Time Prepared:
7/28/2021 7:34 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/28/2021 7:34 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.44	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.39	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.08	6.00
7.00	Enter the lesser of line 5 or line 6			0.95	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	2.08	2.08	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.95	0.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.27		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	1.27		17.00
18.00	Per resident amount	87,695.69	92,004.57		18.00
19.00	Approved amount for resident costs	0	116,846	116,846	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.13	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			116,846	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,076	5,422		26.00
27.00	Total Inpatient Days (see instructions)	35,161	35,161		27.00
28.00	Ratio of inpatient days to total inpatient days	0.428771	0.154205		28.00
29.00	Program direct GME amount	50,100	18,018	68,118	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		2,546	2,546	30.00
31.00	Net Program direct GME amount			65,572	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/28/2021 7:34 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		849,572	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		48,567,144	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		8,009	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,559,135	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,115,486	42.00
43.00	Primary payer payments (see instructions)		3,774	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,111,712	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		65,670,847	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.739432	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.260568	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		65,572	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		48,486	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		17,086	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
7/28/2021 7:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	114,593,191	0	0	0	1.00
2.00	Temporary investments	5,819,298	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,854,501	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,991,439	0	0	0	6.00
7.00	Inventory	5,991,053	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,347,685	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	159,614,289	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,914,478	0	0	0	12.00
13.00	Land improvements	15,802,755	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	153,329,493	0	0	0	15.00
16.00	Accumulated depreciation	-191,123,039	0	0	0	16.00
17.00	Leasehold improvements	796,915	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	181,716,812	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	174,437,414	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	582,483	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,009,201	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,591,684	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	341,643,387	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,249,357	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	6,718,530	0	0	0	39.00
40.00	Notes and loans payable (short term)	625,277	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,647,201	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,240,365	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-7,505,340	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-7,505,340	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	14,735,025	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	341,643,387				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	341,643,387	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	356,378,412	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
7/28/2021 7:34 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		216,653,687		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,357,295			2.00
3.00	Total (sum of line 1 and line 2)		245,010,982		0	3.00
4.00	ADJUST TO BALANCE	96,632,405		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		96,632,405		0	10.00
11.00	Subtotal (line 3 plus line 10)		341,643,387		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		341,643,387		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ADJUST TO BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/28/2021 7:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	55,895,654		55,895,654	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	55,895,654		55,895,654	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,291,700		12,291,700	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	11,585,851		11,585,851	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,877,551		23,877,551	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	79,773,205		79,773,205	17.00
18.00	Ancillary services	244,254,999	369,760,064	614,015,063	18.00
19.00	Outpatient services	29,520,029	66,294,791	95,814,820	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	353,548,233	436,054,855	789,603,088	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		220,958,000		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		220,958,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
7/28/2021 7:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	789,603,088	1.00
2.00	Less contractual allowances and discounts on patients' accounts	558,847,449	2.00
3.00	Net patient revenues (line 1 minus line 2)	230,755,639	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	220,958,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,797,639	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-3,904	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROFESSIONAL FEES	7,489,029	24.00
24.01	NON REIMBUSABLE COST CENTERS	271,452	24.01
24.02	CAPITATION AND PREMIUM REVENUE	1,530,227	24.02
24.03	EQUITY IN EARNINGS OF INVESTMENTS IN	321,642	24.03
24.04	OTHER OPERATING REVENUE	3,486,775	24.04
24.05	OTHER-NON-OPERATING REVENUE/EXPE	954,402	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.50	COVID-19 PHE Funding	4,510,033	24.50
25.00	Total other income (sum of lines 6-24)	18,559,656	25.00
26.00	Total (line 5 plus line 25)	28,357,295	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,357,295	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/28/2021 7:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,557,591	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		133,093	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		96.07	3.00
4.00	Number of interns & residents (see instructions)		1.67	4.00
5.00	Indirect medical education percentage (see instructions)		0.49	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		12,532	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.63	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.40	8.00
9.00	Sum of lines 7 and 8		18.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.72	10.00
11.00	Disproportionate share adjustment (see instructions)		95,142	11.00
12.00	Total prospective capital payments (see instructions)		2,798,358	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00