] If this is an amended report enter the number of times the provider resubmitted this cost report] Medicare Utilization. Enter "F" for full or "L" for low.

[1] Cost Report Status
[1] As Submitted
[2] Settled without Audit
[3] Settled with Audit
[4] Date Received:
[5] To. NPR Date:
[6] 10. NPR Date:
[7] 11. Contractor's Vendor Code:
[7] 12. [8] Final Report for this Provider CCN
[9] [8] Final Report for this Provider CCN
[10] NPR Date:
[11] 12. Contractor's Vendor Code:
[11] 12. Contractor's Vendor Code:
[12] 13. NPR Date:
[13] 14. Contractor's Vendor Code:
[14] 15. Contractor's Vendor Code:
[15] 16. NPR Date:
[16] 17. Contractor's Vendor Code:
[17] 17. Contractor's Vendor Code:
[18] 18. Contractor's Vendor Code:
[18] 19. NPR Date:
[19] 19. NPR Date:
[19] 19. NPR Date:
[10] 19. NPR Date:
[10] 19. NPR Date:
[10] 19. NPR Date:
[11] 19. NPR Date:
[12] 19. NPR Date:
[13] 19. NPR Date:
[14] 19. NPR Date:
[15] 19. NPR Date:
[16] 19. NPR Date:
[17] 19. NPR Date:
[18] 19. NPR Date:
[18] 19. NPR Date:
[18] 19. NPR Date:
[19] 19. NPR Date

(4) Reopened (5) Amended

use only

Contractor use only

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)

] Manually prepared cost report

(3) Settled with Audit

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 ST. CATHERINE HOSPITAL (15-0008) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 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.

[X]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.

> LAUREN TRUMBO (Si gned) Officer or Administrator of Provider(s) CF0 Title

> > (Dated when report is electronically signed.) Date

number of times reopened = 0-9.

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	538, 449	-85, 107	0	0	1. 00
2.00	Subprovi der - IPF	0	7, 865	0		0	2. 00
3.00	Subprovi der - I RF	0	-28, 329	0		0	3. 00
5.00	Swing Bed - SNF	0	0	0		0	5. 00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9. 00
200.00	Total	0	517, 985	-85, 107	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.

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0008 Peri od: Worksheet S-2 From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: 1.00 Street: 4321 FIR STREET PO Box: 1.00 City: EAST CHICAGO State: IN 2.00 Zip Code: 46312 County: LAKE 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N)

/ XVIII XIX Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: ST. CATHERINE HOSPITAL 3.00 Hospi tal 150008 23844 07/01/1966 Ν 3.00 Р Р Subprovider - IPF ST. CATHERINE HOSPITAL 4.00 15S008 23844 4 07/01/2015 N 4.00 OA BHS ST. CATHERINE HOSPITAL 5.00 Subprovider - IRF 15T008 23844 5 01/01/2002 Ν Ρ Ρ 5.00 REHAB 6.00 Subprovi der - (Other) 6.00 Swing Beds - SNF Swing Beds - NF 7.00 7.00 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 Hospi tal -Based OLTC 11.00 11.00 12.00 Hospi tal -Based HHA 12.00 Separately Certified ASC 13.00 13.00 14.00 Hospi tal -Based Hospi ce 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) 07/01/2019 06/30/2020 20.00 21.00 Type of Control (see instructions) 21.00 2 1. 00 2. 00 3.00 Inpatient PPS Information 22. 00 Does this facility qualify and is it currently receiving payments for Υ N 22.00 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. 22.01 Did this hospital receive interim uncompensated care payments for this Υ 22.01 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) Is this a newly merged hospital that requires final uncompensated care Ν Ν 22.02 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 22.03 Did this hospital receive a geographic reclassification from urban to 22 03 Ν N N 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. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 Ν 23.00 3 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.						
		In-State	In-State	Out-of	Out-of	Medi cai d	0ther	
		Medi cai d	Medi cai d	State	State	HMO days	Medi cai d	
		pai d days	el i gi bl e	Medi cai d	Medi cai d		days	
			unpai d	pai d days	el i gi bl e			
			days		unpai d			
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	1
24. 00	If this provider is an IPPS hospital, enter the	2, 615	114	578	257	8, 245	0	24.00
	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.							

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0008 Peri od: Worksheet S-2 From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am In-State In-State Out-of Out-of Medi cai d Medi cai d Medi cai d State State HMO days Medi cai d days paid days el i gi bl e Medi cai d Medi cai d unpai d paid days eligible days unpai d 1.00 2.00 3. 00 4. 00 5. 00 6.00 25.00 If this provider is an IRF, enter the in-state 87 25, 00 673 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. 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 26. 00 cost reporting period. Enter "1" for urban or "2" for rural. 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, 27.00 enter the effective date of the geographic reclassification in column 2. If this is a sole community hospital (SCH), enter the number of periods SCH status in 35.00 effect in the cost reporting period. Begi nni ng: Endi ng: 1.00 2.00 36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number 36 00 of periods in excess of one and enter subsequent dates. If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 37.00 is in effect in the cost reporting period. 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 37 01 37 01 instructions) 38.00 | If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is 38.00 greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates. Y/N Y/N 1.00 2.00 39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume 39.00 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) 40.00 | Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or Ν N 40.00 '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) XVIII 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 Ν 45.00 with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exception for extraordinary circumstances 46.00 Ν Ν Ν 46.00 pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no. Ν Ν Ν 47.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no. 48.00 N Ν 48.00 Ν Teaching Hospitals 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 Ν 56.00 GME payment reduction? Enter "Y" for yes or "N" for no in column 2. If line 56 is yes, is this the first cost reporting period during which residents in approved 57.00 57.00 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 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. 58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as 58.00 Ν defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5. 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, 59.00 Pt. NAHE 413.85 Worksheet A Pass-Through Y/N Line # Oual i fi cati on Criterion Code 1.00 2.00 3.00 60.00 Are you claiming nursing and allied health education (NAHE) costs for 60.00 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 adjustement? Enter "Y" for yes or "N" for no in column 2.

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0008 Peri od: Worksheet S-2 From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am Y/N IME Direct GME IME Direct GME 2.00 5.00 1.00 3. 00 4.00 0.00 61.00 61.00 Did your hospital receive FTE slots under ACA 0.00 Ν section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 61.05 Enter the difference between the baseline primary 61.05 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) 61.06 Enter the amount of ACA \$5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Code Unweighted IME Unweighted Program Name FTE Count 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 0.00 0.00 61.10 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. 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 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 1.00 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 0.00 62.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 62.01 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) 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) 63.00 N

	Unweigntea	unwei gntea	Ratio (col. 1/	1
	FTEs	FTEs in	(col. 1 + col.	
	Nonprovi der	Hospi tal	2))	
	Si te			
	1. 00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings	This base year	is your cost r	eporti ng	
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	0.00	0.00	0. 000000	64.00
in the base year period, the number of unweighted non-primary care				1
resident FTEs attributable to rotations occurring in all nonprovider				1
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				1
of (column 1 divided by (column 1 + column 2)). (see instructions)				

Health Financial Systems ST. CATHERINE HOSPITAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0008 Period: Worksheet S-2

Provider CCN: 15-0008 Worksheet S-2 From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am Program Code Unwei ghted Unwei ghted Program Name Ratio (col. 3/ (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 is yes, or your facility 0. 00 0. 00 0.000000 65.00 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) Unwei ghted Unwei ghted Ratio (col. 1/ FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) Si te 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 Enter in column 1 the number of unweighted non-primary care resident 0.00 0. 00 0.000000 66.00 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) Program Name Unwei ghted Ratio (col. 3/ Program Code Unwei ahted FTES FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3. 00 4.00 5.00 67.00 Enter in column 1, the program 0.000000 67.00 0.00 0.00 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) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most Ν O N 71.00 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) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF 75.00 subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most Ν Ν 0 76.00 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)

PITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CC	CN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet S- Part I Date/Time Pro 11/25/2020 1	eparec
				1.00	+
Long Term Care Hospital PPS					
00 Is this a long term care hospital (LTCH)? Enter "Y" for yes 00 Is this a LTCH co-located within another hospital for part o "Y" for yes and "N" for no. TEFRA Providers			ng period? Enter	N N	80.
00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) 00 Did this facility establish a new Other subprovider (exclude §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N	85. 86.
00 Is this hospital an extended neoplastic disease care hospital 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	l classified ι	under section	n	N	87.
1000(d)(1)(b)(vi): Eittel 1 10i yes of N 10i lio.			V	XI X	
			1. 00	2.00	
Title V and XIX Services ODoes this facility have title V and/or XIX inpatient hospita	I services? Er	nter "Y" for	N	Υ	90.
yes or "N" for no in the applicable column. 100 Is this hospital reimbursed for title V and/or XIX through t			N	N	91.
full or in part? Enter "Y" for yes or "N" for no in the appl 00 Are title XIX NF patients occupying title XVIII SNF beds (du				N	92.
instructions) Enter "Y" for yes or "N" for no in the applica 00 Does this facility operate an ICF/IID facility for purposes		d XIX? Enter	N	N	93.
"Y" for yes or "N" for no in the applicable column. OD Does title V or XIX reduce capital cost? Enter "Y" for yes,			N	N	94.
applicable column. On If line 94 is "Y", enter the reduction percentage in the app			0.00	0.00	95.
Does title V or XIX reduce operating cost? Enter "Y" for yes applicable column.			N N	N N	96.
Of If line 96 is "Y", enter the reduction percentage in the app	licable column	١.	0.00	0.00	97.
00 Does title V or XIX follow Medicare (title XVIII) for the in stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for			N	N	98.
column 1 for title V, and in column 2 for title XIX. O1 Does title V or XIX follow Medicare (title XVIII) for the re	norting of cha	ardes on Wkst	t. N	Y	98.
C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for ti				'	/0.
O2 Does title V or XIX follow Medicare (title XVIII) for the ca bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes o for title V, and in column 2 for title XIX.			N	Y	98.
O3 Does title V or XIX follow Medicare (title XVIII) for a crit reimbursed 101% of inpatient services cost? Enter "Y" for ye for title V, and in column 2 for title XIX.				N	98.
O4 Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no in in column 2 for title XIX.			N E	N	98.
O5 Does title V or XIX follow Medicare (title XVIII) and add ba Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in c column 2 for title XIX.				Y	98.
O6 Does title V or XIX follow Medicare (title XVIII) when cost Pts. I through IV? Enter "Y" for yes or "N" for no in column column 2 for title XIX. Rural Providers			N	N	98.
5.00 Does this hospital qualify as a CAH?			N		105.
6.00 f this facility qualifies as a CAH, has it elected the all- for outpatient services? (see instructions)	inclusive meth	nod of paymer	nt		106.
7.00 Column 1: If line 105 is Y, is this facility eligible for co training programs? Enter "Y" for yes or "N" for no in column Column 2: If column 1 is Y and line 70 or line 75 is Y, do	1. (see inst you train I&Rs	tructions) s in an			107
approved medical education program in the CAH's excluded IP Enter "Y" for yes or "N" for no in column 2. (see instruction	ons)	. ,			
8.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sched	dul e? See 42			108
	Physi cal	Occupation		Respiratory	
0.00 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.	1.00	2.00 N	3. 00 N	4. 00 N	109
				1 00	
D. 00 Did this hospital participate in the Rural Community Hospital Demonstration) for the current cost reporting period? Enter "complete Worksheet E, Part A, lines 200 through 218, and Wor	Y" for yes or	"N" for no.	If yes,	1.00 N	110

lealth Financial Systems ST. CATHERINE F HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CC	N: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	u of Form CMS Worksheet S- Part I Date/Time Pr	2
			10 06/30/2020	11/25/2020 1	0:13 am
			1. 00	2. 00	\dashv
I11.00 If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this cost "Y" for yes or "N" for no in column 1. If the response to coluintegration prong of the FCHIP demo in which this CAH is parti Enter all that apply: "A" for Ambulance services; "B" for addifor tele-health services.	t reporting p umn 1 is Y, e cipating in	period? Enter enter the column 2.	N	2.00	111.00
		1. 00	2. 00	3.00	
I12.00 Did this hospital participate in the Pennsylvania Rural Health demonstration for any portion of the current cost reporting per Enter "Y" for yes or "N" for no in column 1. If column 1 is " in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital cease participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information	eriod? 'Y", enter	N			112.00
115.00 s this an all-inclusive rate provider? Enter "Y" for yes or "		N			0 115. 00
in column 1. If column 1 is yes, enter the method used (A, B, in column 2. If column 2 is "E", enter in column 3 either "93" for short term hospital or "98" percent for long term care (ir psychiatric, rehabilitation and long term hospitals providers) the definition in CMS Pub. 15-1, chapter 22, §2208.1. 116.00 s this facility classified as a referral center? Enter "Y" for	' percent ncl udes) based on	N			116. 00
"N" for no.					
117.00 Is this facility legally-required to carry malpractice insurar "Y" for yes or "N" for no. 118.00 Is the malpractice insurance a claims-made or occurrence police		Y	1		117. 00
if the policy is claim-made. Enter 2 if the policy is occurren	,		1		110.00
		Premi ums	Losses	Insurance	
		1. 00	2.00	3.00	
118.01 List amounts of malpractice premiums and paid losses:			1 0		0 118. 0
			1. 00	2. 00	
18.02 Are mal practice premiums and paid losses reported in a cost confidence and Administrative and General? If yes, submit supporting schedul and amounts contained therein. 19.00 DO NOT USE THIS LINE			N		118. 02
20.00 s this a SCH or EACH that qualifies for the Outpatient Hold H §3121 and applicable amendments? (see instructions) Enter in a "N" for no. Is this a rural hospital with < 100 beds that qual Hold Harmless provision in ACA §3121 and applicable amendments Enter in column 2, "Y" for yes or "N" for no.	column 1, "Y" ifies for th	for yes or ne Outpatient		N	120. 00
21.00 Did this facility incur and report costs for high cost implant	table devices	charged to	Y		121. 0
patients? Enter "Y" for yes or "N" for no. 122.00 Does the cost report contain healthcare related taxes as defir Act?Enter "Y" for yes or "N" for no in column 1. If column 1 i					122. 00
the Worksheet A line number where these taxes are included. Transplant Center Information					\perp
25.00 Does this facility operate a transplant center? Enter "Y" for	yes and "N"	for no. If	N		125. 0
yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 f this is a Medicare certified kidney transplant center, enter	er the certif	ication date			126. 0
in column 1 and termination date, if applicable, in column 2.					
27.00 If this is a Medicare certified heart transplant center, enter in column 1 and termination date, if applicable, in column 2.	the certifi	cation date			127. 0
28.00 If this is a Medicare certified liver transplant center, enter	the certifi	cation date			128. 0
in column 1 and termination date, if applicable, in column 2. 29.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2.	the certific	cation date i	n		129. 0
30.00 f this is a Medicare certified pancreas transplant center, er date in column 1 and termination date, if applicable, in column 2.		ification			130. 0
31.00 If this is a Medicare certified intestinal transplant center,	enter the ce	erti fi cati on			131. 0
date in column 1 and termination date, if applicable, in colum 32.00 of this is a Medicare certified islet transplant center, enter		cation date			132. 0
in column 1 and termination date, if applicable, in column 2. 33.00 Removed and reserved		n column 1			133. 0 134. 0
134.00 If this is an organ procurement organization (OPO), enter the	OPO number i	TI COI GIIIII I			
134.00 f this is an organ procurement organization (0P0), enter the and termination date, if applicable, in column 2. All Providers	OPO number i	TI COT GIIIIT T			

In Lieu of Form CMS-2552-10 Health Financial Systems ST. CATHERINE HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 15-0008 Peri od: Worksheet S-2 From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 To 11/25/2020 10:13 am 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
Name: COMM FOUNDATION OF NW IN | Contractor's Name: WPS 141. 00 Name: COMM FOUNDATION OF NW IN 141. 00 Contractor's Number: 08001 142.00 Street: STREET: 10010 DONALD S POWERS PO Box: STE 201 142. 00 DRI VE 143.00 Ci ty: CI TY: MUNSTER 46321 143.00 State: ΙN Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144. 00 1. 00 2.00 145.00|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 145. 00 Υ Ν no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.

146.00 Has the cost allocation methodology changed from the previously filed cost report? 146. 00 Ν 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. 1 00

						1.00	
147.00 Was there a change in the statisti	cal basis? Enter "Y" for	yes or "N" for	no.			N	147. 00
148.00 Was there a change in the order of						N	148. 00
149.00 Was there a change to the simplifi				for no.		N	149.00
	<u>_</u>	Part A	Part I		Title V	Title XIX	
		1.00	2.00		3. 00	4.00	
Does this facility contain a provi	der that qualifies for a	an exemption from	n the appl	ication o	of the lowe	er of costs	
or charges? Enter "Y" for yes or '	'N" for no for each compo	onent for Part A	and Part	B. (See 4	12 CFR §413	3. 13)	
155. 00 Hospi tal		N	N		N	N	T155. 00
156.00 Subprovider - IPF		N	N	İ	N	N	156. 00
57.00 Subprovider - IRF		N	N	İ	N	N	157. 00
158. 00 SUBPROVI DER				İ			158. 00
159. 00 SNF		N	N	İ	N	N	159. 00
160.00 HOME HEALTH AGENCY		N	N		N	N	160.00
61. 00 CMHC			N		N	N	161.00
						1.00	
Multicampus							
165.00 s this hospital part of a Multica	ampus hospital that has o	one or more campu	ses in di	fferent C	BSAs?	N	165. 00
Enter "Y" for yes or "N" for no.		•					
	Name	County	State	Zip Code	CBSA	FTE/Campus	
	0	1. 00	2.00	3.00	4. 00	5. 00	
66.00 If line 165 is yes, for each						0. 0	00 166. 00
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)							
						1.00	
Health Information Technology (HI							
67.00 Is this provider a meaningful user						Y	167. 00
68.00 If this provider is a CAH (line 10			: 167 is "\	Y"), ente	r the		168. 00
reasonable cost incurred for the H							
68.01 If this provider is a CAH and is r					dshi p		168. 01
exception under §413.70(a)(6)(ii)							
169.00 If this provider is a meaningful u		nd is not a CAH (line 105 i	is "N"),	enter the	0.0	00 169. 00
transition factor. (see instruction	ins)					- I	
				B	egi nni ng	Endi ng	-
170 00 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.1.6.11			1. 00	2.00	470.00
170.00 Enter in columns 1 and 2 the EHR I	eginning date and ending	g date for the re	eporting				170. 00
period respectively (mm/dd/yyyy)							
					1 00	2.00	-
74 001 0 1 4 7 1 11 11 11 11 11 11 11 11 11 11 11 11					1.00	2. 00	0 4 7 4 0 6
71.00 If line 167 is "Y", does this prov				_	N		0 171. 00
section 1876 Medicare cost plans i							
"Y" for yes and "N" for no in colu		s, enter the numb	er or sec	tion			
1876 Medicare days in column 2. (s	ee instructions)					I	I

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0008 Peri od: Worksheet S-2 From 07/01/2019 Part II Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am 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 Has the provider changed ownership immediately prior to the beginning of the cost N 1.00 reporting period? If yes, enter the date of the change in column 2. (see instructions) V/I Y/N Date 1.00 2.00 3.00 Has the provider terminated participation in the Medicare Program? If 2.00 2 00 yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary. Is the provider involved in business transactions, including management 3.00 Ν 3.00 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) Y/N Date Type 1. 00 2. 00 3.00 Financial Data and Reports Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, 4.00 Υ Α 4.00 or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues different from 5.00 those on the filed financial statements? If yes, submit reconciliation. Y/N Legal Oper 1.00 2.00 Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is Ν 6.00 6.00 the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see instructions. 7.00 N 7.00 8.00 Were nursing school and/or allied health programs approved and/or renewed during the N 8.00 cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education 9 00 N 9.00 program in the current cost report? If yes, see instructions. Was an approved Intern and Resident GME program initiated or renewed in the current 10.00 N 10.00 cost reporting period? If yes, see instructions. 11.00 Are GME cost directly assigned to cost centers other than I & R in an Approved N 11.00 Teaching Program on Worksheet A? If yes, see instructions Y/N 1.00 Bad Debts 12.00 Is the provider seeking reimbursement for bad debts? If yes, see instructions. 12.00 13.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting Ν 13.00 period? If yes, submit copy. 14.00 If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions. Ν 14.00 Bed Complement 15.00 Did total beds available change from the prior cost reporting period? If yes, 15.00 see instructions Part B Part A Y/N Date Y/N Date 1.00 3.00 PS&R Data Was the cost report prepared using $\overline{\text{the PS\&R Report onl y?}}$ 16.00 Ν 16.00 Ν 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) 17.00 Was the cost report prepared using the PS&R Report for Υ 10/12/2020 10/12/2020 17.00 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) 18.00 If line 16 or 17 is yes, were adjustments made to PS&R Ν Ν 18.00 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. If line 16 or 17 is yes, were adjustments made to PS&R 19.00 N Ν Report data for corrections of other PS&R Report

information? If yes, see instructions.

Heal th	Financial Systems ST. CATHERIN	NE HOSPITAL		In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der Co	CN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Pre 11/25/2020 10	epared:
	•	Descri	pti on	Y/N	Y/N	7. 13 diii
		(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 1.00	Date 2.00	Y/N 3. 00	Date 4.00	
21. 00	Was the cost report prepared only using the provider's	N N	2.00	N N	4.00	21. 00
	records? If yes, see instructions.					
					1. 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS H	OSPI TALS)			
	Capital Related Cost					
22. 00	Have assets been relifed for Medicare purposes? If yes, see					22. 00
23. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.	due to apprais	als made dur	ing the cost		23. 00
24. 00	Were new leases and/or amendments to existing leases entered if yes, see instructions	ed into during	this cost re	porting period?		24. 00
25. 00	Have there been new capitalized leases entered into during instructions.	the cost repor	ting period?	If yes, see		25. 00
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during th	ne cost reporti	ng period? I	f yes, see		26. 00
27. 00	instructions. Has the provider's capitalization policy changed during the copy.	e cost reportin	g period? If	yes, submit		27. 00
28. 00	Interest Expense Were new Loans, mortgage agreements or Letters of credit er	atorod into dur	ing the cost	roporting		28. 00
	period? If yes, see instructions.		· ·	. 0		
29. 00	Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see instr		bt Service R	eserve Fund)		29. 00
30. 00	Has existing debt been replaced prior to its scheduled maturinstructions.	urity with new	debt? If yes	, see		30. 00
31. 00	Has debt been recalled before scheduled maturity without is instructions.	ssuance of new	debt? If yes	, see		31. 00
32. 00	Purchased Services Have changes or new agreements occurred in patient care ser	rvices furnishe	d through co	ntractual		32. 00
33. 00	arrangements with suppliers of services? If yes, see instruit line 32 is yes, were the requirements of Sec. 2135.2 app		g to competi	tive bidding? If		33. 00
	no, see instructions. Provider-Based Physicians					
34. 00	Are services furnished at the provider facility under an ar If yes, see instructions.	rrangement with	provi der-ba	sed physicians?		34. 00
35. 00	If line 34 is yes, were there new agreements or amended exilohysicians during the cost reporting period? If yes, see in		ts with the	provi der-based		35. 00
	period and during the cost reporting period: if yes, see if	istructions.		Y/N	Date	
				1. 00	2. 00	
	Home Office Costs					
	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pr	repared by the	home office?			36. 00 37. 00
38. 00	If yes, see instructions. If line 36 is yes, was the fiscal year end of the home off					38. 00
39. 00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to other	d of the home o	ffi ce.			39. 00
40. 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If yes, see			40.00
	instructions.					
		1.	00	2.	00	
41. 00	Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	CATHERI NE	WOERNER		41. 00	
42. 00	respectively. Enter the employer/company name of the cost report	COMMUNITY HOSP	I TAL			42. 00
43. 00	preparer. Enter the telephone number and email address of the cost	12197031267		CATHERI NE. R. WO	EDNIED@COMUS OD	
45.00	report preparer in columns 1 and 2, respectively.	1217/03120/		G	ERNER CONTIO	45.00

Heal th	Financial Systems ST. CATH	HERI NE	HOSPI TAL		In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provi der C	CCN: 15-0008	Peri od:	Worksheet S-2	
					From 07/01/2019 To 06/30/2020	Part II Date/Time Pre	nared:
					10 00/30/2020	11/25/2020 10	13 am
			3.	. 00			
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position	F	REI MBURSEMENT	SUPERVI SOR			41.00
	held by the cost report preparer in columns 1, 2, and 3	3,					
	respecti vel y.						
42.00	Enter the employer/company name of the cost report						42. 00
	preparer.						
43.00	Enter the telephone number and email address of the cos	st					43. 00
	report preparer in columns 1 and 2, respectively.						

Health Financial Systems ST. CARNOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0008

					To	06/30/2020		
							11/25/2020 10: I/P Days / 0/P	. IS alli
							Visits / Trips	
	Component	Worksheet A	No	of Beds	Bed Days	CAH Hours	Title V	
	Component	Line Number	I NO.	OI Deus	Avai I abl e	CAIT HOULS	I IIII V	
		1.00		2. 00	3. 00	4. 00	5. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00		131	47, 946	0.00		1. 00
1.00	8 exclude Swing Bed, Observation Bed and	00.00		101	17, 710	0.00		1.00
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
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		i				0	5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF		i					6. 00
7. 00	Total Adults and Peds. (exclude observation		i	131	47, 946	0.00		7. 00
7.00	beds) (see instructions)			101	17, 710	0.00		7.00
8.00	INTENSIVE CARE UNIT	31. 00		16	5, 856	0.00	0	8. 00
9. 00	CORONARY CARE UNIT				2, 222			9. 00
10. 00	BURN INTENSIVE CARE UNIT							10.00
11. 00	SURGICAL INTENSIVE CARE UNIT							11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)							12. 00
13. 00	NURSERY	43. 00	i				0	13. 00
14. 00	Total (see instructions)	10.00		147	53, 802	0.00		14. 00
15. 00	CAH visits		i		00,002	0.00		15. 00
16. 00	SUBPROVI DER - I PF	40. 00	ŀ	16	5, 856		0	16. 00
17. 00	SUBPROVI DER - I RF	41. 00	1	25	· ·		0	17. 00
18. 00	SUBPROVI DER				.,			18. 00
19. 00	SKILLED NURSING FACILITY							19. 00
20. 00	NURSING FACILITY							20. 00
21. 00	OTHER LONG TERM CARE		İ					21. 00
22. 00	HOME HEALTH AGENCY	101. 00	İ				0	22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)		İ					23. 00
24. 00	HOSPI CE							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)			188				27. 00
28. 00	Observation Bed Days						0	28. 00
29. 00	Ambul ance 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)			o	0			32. 00
32. 01	Total ancillary labor & delivery room			آ]			32. 01
	outpatient days (see instructions)							
33.00	LTCH non-covered days							33. 00
33. 01	LTCH site neutral days and discharges							33. 01

Provider CCN: 15-0008

In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 07/01/2019 Part I
To 06/30/2020 Date/Time Prepared:
11/25/2020 10:13 am

						11/25/2020 10	:13 am
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
	•			Pati ents	& Residents	Payrol I	
		6. 00	7. 00	8. 00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	7, 103	2, 342	24, 774			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
0.00	for the portion of LDP room available beds)	2 222	0.000				0.00
2.00	HMO and other (see instructions)	3, 980	9, 093				2.00
3.00	HMO I PF Subprovi den	713 825	806				3.00
4. 00 5. 00	HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF	825	674	r			4. 00 5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF	٩	0				6.00
7. 00	Total Adults and Peds. (exclude observation	7, 103	2, 342	24, 774			7.00
7.00	beds) (see instructions)	7, 103	2, 342	24, 774			7.00
8. 00	INTENSIVE CARE UNIT	915	17	2, 719			8.00
9. 00	CORONARY CARE UNIT	710	' '	2,717			9. 00
10.00							10.00
11. 00							11. 00
12. 00							12. 00
13. 00	1		222	1, 064			13. 00
14.00	Total (see instructions)	8, 018	2, 581	28, 557	0.00	790. 59	14. 00
15. 00	CAH visits	o	o	C			15. 00
16.00	SUBPROVI DER - I PF	1, 526	278	3, 667	0.00	28. 35	16. 00
17. 00	SUBPROVI DER - I RF	3, 654	87	5, 623	0.00	34. 48	17. 00
18.00	SUBPROVI DER						18. 00
19. 00	4						19. 00
20.00	4						20. 00
21. 00	4						21. 00
22. 00		0	0	C	0.00	0.00	
23. 00							23. 00
24.00							24. 00
24. 10				27			24. 10
25. 00							25. 00
26. 00					0.00	0.00	26. 00
26. 25		0	0	C	0.00		26. 25
27. 00	,		0	4, 921	0.00	853. 42	27. 00
28. 00 29. 00	1	0	۷	4, 921			28. 00 29. 00
30.00	·	۷		c			30.00
31. 00	1 . 3						31.00
32. 00	1 . 3	0	135	153			32.00
32. 00		١	135	103			32.00
32.01	outpatient days (see instructions)						32.01
33.00	LTCH non-covered days	o					33. 00
	LTCH site neutral days and discharges	o o	İ				33. 01
	, , , , , , , , , , , , , , , , , , , ,		1	1	1		

Health Financial Systems ST. CA HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0008

				To	06/30/2020	Date/Time Prep 11/25/2020 10	
		Full Time		Di scha	arges	1172072020 10	10 4111
		Equi val ents					
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and		0	1, 560	475	5, 614	1. 00
	Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			706	1, 848		2. 00
3.00	HMO IPF Subprovider				137		3. 00
4.00	HMO IRF Subprovider				63		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						7. 00
	beds) (see instructions)						
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	OTHER SPECIAL CARE (SPECIFY)						12. 00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0. 00	0	1, 560	475	5, 614	14.00
15. 00	CAH visits						15. 00
16.00	SUBPROVI DER - I PF	0.00	0	208	44	563	16. 00
17.00	SUBPROVI DER - I RF	0. 00	0	320	8	494	17. 00
18.00	SUBPROVI DER						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	0. 00					22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						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	Ambul ance Tri ps						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						32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days			0			33. 00
33. 01	LTCH site neutral days and discharges			0			33. 01

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION

| Period: | Worksheet S-3 | From 07/01/2019 | Part II | To 06/30/2020 | Date/Time Prepared:

Wash A limit Number New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Year New Y						To	06/30/2020		
PARK 11 - 906E DATA 1.00								Average Hourly	. 13 alli
Mil. 1 - Mile DAIA			Number	Reported					
Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main Main						V		COI . 3)	
MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMPIES MAMP		DADT II WACE DATA	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
Instructions Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company									
Mon-physic clan anestherit st Part	1.00		200. 00	55, 179, 662	. C	55, 179, 662	1, 775, 127. 00	31. 08	1. 00
3. 00	2. 00	,		0		o	0.00	0. 00	2. 00
8		Α							
Administrative 4. 01 Physicians - Part A - Teaching 7. 00 Physicians - Part B for Nospitul - State British	3.00	Non-physician anesthetist Part B		750, 176	O	750, 176	6, 533. 00	114. 83	3.00
Hospic clams - Part A - Toaching 0	4.00			0	0	О	0.00	0. 00	4. 00
5,00 Physic clan and Non Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-Physic clan Part B for Non-	4. 01			0		0	0.00	0.00	4. 01
Non-physician-Part B for hospital-based RIC and FURC services Non-physician-Part B for hospital-based RIC and FURC services Non-physician-Part B for hospital-based RIC and FURC services Non-physician-Part B for hospital-based RIC and FURC services Non-physician-Part B for hospital-based RIC and FURC services Non-physician-Part A Non-physician-Part A Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B Non-physician-Part B		Physician and Non		1, 648, 724	0	1, 648, 724			
hospit id - Hose didn'ts (in an 21,00 0 0 0 0 0,00 0,00 7,00	6 00			0		0	0.00	0.00	6 00
7.00 Interens & residents (in an approved program) approved program) 0 0 0 0 0 0 0 0 0		hospital-based RHC and FQHC		_				3.33	
approved program) 2. 01 Contracted interns and residents (in an approved program) 3. 00 Home office and/or related on the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the prog	7 00		21 00	0		0	0.00	0.00	7 00
residents (in an approved programs)		approved program)		_]			
Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs Programs	7. 01			0	O	0	0. 00	0.00	7. 01
Organization personnel		programs)							
9.00 SVÉ	8.00			O		0	0.00	0.00	8.00
Instructions OTHER WAGES & RELATED COSTS		SNF	44. 00	0	0	0			
DTHER WAGES & RELATED COSTS	10. 00			3, 684, 642	136, 736	3, 821, 378	139, 703. 00	27. 35	10.00
Care Contract Labor: Top Level 0 0 0 0 0 0 0 0 0		OTHER WAGES & RELATED COSTS			1				
12.00 Contract Labor: Top level management and other management and other management and administrative services 236,262 0 236,262 1,533.00 154.12 13.00 14.00 Contract Labor: Physician-Part 236,262 0 236,262 1,533.00 154.12 13.00 14.00 Home office and/or related organization salaries and wage-related costs 0 0 0 0 0 0 0 14.00 Home office and salaries 0 0 0 0 0 0 0 14.01 Home office and salaries 0 0 0 0 0 0 0 0 14.02 Related organization salaries 0 0 0 0 0 0 0 0 16.00 Home office and Contract 0 0 0 0 0 0 0 0 16.01 Home office and Contract 0 0 0 0 0 0 0 0 16.01 Home office ontract 0 0 0 0 0 0 0 0 16.02 Home office ontract 0 0 0 0 0 0 0 0 16.03 Home office ontract 0 0 0 0 0 0 0 16.04 Home office ontract 0 0 0 0 0 0 0 16.05 Wage-related costs (core) (see instructions) 18.00 18.00 Wage-related costs (core) (see instructions) 18.00 19.00 Wage-related costs (core) (see instructions) 11.037,625 0 1.037,625 19.00 20.00 Non-physician anesthetist Part 0 0 0 0 0 20.00 Non-physician part A - Teaching 189,828 0 189,828 23.00 20.00 Physician Part A - Teaching 189,828 0 189,828 23.00 20.00 Physician Part A - Teaching 189,828 0 189,828 23.00 20.00 Physician Part A - Teaching 189,828 0 1,725,428 25.50 25.50 Home office wage-related (core) 25.51 Home office: Physician Part A 0 0 0 0 25.50 Home office wage-related (core) 25.51 Home office: Physician Part A 0 0 0 0 25.50 Home office: Physician Part A 0 0 0 0 0 25.50 Home office: Physician Part A 0 0 0 0 0 25.50 Home office: Physician Part A 0 0 0 0 0 25.50 Home office: Physician Part A 0 0 0 0 0 25.50 Home office wage-related (core) 0	11. 00			886, 966	O	886, 966	7, 926. 39	111. 90	11. 00
management and administrative services	12. 00	Contract Labor: Top Level		0	0	0	0.00	0. 00	12. 00
Services Services Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract labor: Physician-Part Contract									
A - Administrative 0		servi ces			_				
14. 00 Home office and/or related or organization sall aries and wage-related costs 14. 01 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 15. 00 14. 00 15. 00 14. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15.	13. 00			236, 262	! C	236, 262	1, 533. 00	154. 12	13.00
Wage-related costs 14. 01 Home offfice salaries 6,807,139 0 6,807,139 196,915.00 34. 57 14. 01 14. 02 Related organization salaries 0 0 0 0 0.00 0.00 14. 02 15. 00 Home offfice: Physician Part A 0 0 0 0 0.00 0.00 15. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00 16. 00	14. 00	Home office and/or related		0	0	О	0.00	0. 00	14. 00
14. 01 Home office salaries									
15.00 Home office: Physician Part A 0 0 0 0 0 0 0 0 0		Home office salaries		6, 807, 139	· O	6, 807, 139			
- Administrative Home office and Contract Physicians Part A - Teaching 16.01 Home office Physicians Part A 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0		0			
Physicians Part A - Teaching Home office Physicians Part A Teaching Home office Physicians Part A Teaching Home office contract Deposition of the physicians Part A - Teaching Deposition of the physicians Part A - Teaching Deposition of the physicians Part A - Teaching Deposition of the physicians Part A - Teaching Deposition of the physicians Part A - Teaching Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part A Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Part B Deposition of the physician Par		- Administrative		_					
16. 01 Home office Physicians Part A - Teaching 16. 02 Home office contract	16.00			O			0.00	0.00	16.00
Home office contract 0 0 0 0 0 0 0 0 0	16. 01	Home office Physicians Part A		0	0	O	0.00	0. 00	16. 01
Physici ans Part A - Teaching	16. 02			0		o	0.00	0.00	16. 02
17. 00 Wage-rel ated costs (core) (see instructions) 12, 665, 227 0 12, 665, 227 17. 00 instructions) 18. 00 Wage-rel ated costs (other) (see instructions) 18. 00 (see instructions) 18. 00 (see instructions) 19. 00 Excluded areas 1, 037, 625 0 1, 037, 625 19. 00 20. 00 Non-physician anesthetist Part 0 0 0 0 21. 00 Non-physician anesthetist Part 111, 650 0 111, 650 21. 00 22. 00 Non-physician Part A - Administrative 0 0 0 0 0 0 22. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 23. 00 Non-physician Part B 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 189, 828 0 1		Physicians Part A - Teaching							
18.00 Wage-rel ated costs (other) (see instructions)	17. 00			12, 665, 227		12, 665, 227			17. 00
19.00 Excl uded areas 1,037,625 0 1,037,625 19.00 20.00 Non-physician anesthetist Part A 0 0 0 111,650 0 111,650 21.00 21.00 Physician Part A - Administrative 0 0 0 0 0 22.00 22.01 Physician Part A - Teaching 0 0 0 0 22.01 23.00 Physician Part B 189,828 0 189,828 23.00 24.00 Wage-related costs (RHC/FQHC) 0 0 0 24.00 25.00 Interns & residents (in an approved program) 0 0 0 25.00 25.50 Related organization wage-related (core) 1,725,428 0 1,725,428 0 25.50 25.52 Home office: Physician Part A - Administrative - 0 0 0 25.52	40.00	instructions)							40.00
20.00 Non-physician anesthetist Part A C C C C C C C C C	18.00								18.00
A Non-physician anesthetist Part B 111,650 0 1111,650 21.00 22.00 Physician Part A - Administrative 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1, 037, 625	0	1, 037, 625			
B	20.00	A		O					20.00
Administrative 22.01 Physician Part A - Teaching 23.00 Physician Part B 24.00 Wage-related costs (RHC/FQHC) 25.00 Interns & residents (in an approved program) 25.50 Home office wage-related (core) 25.51 Related organization wage-related (core) 25.52 Home office: Physician Part A 26.55 Administrative - 27.01 Administrative - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21. 00	Non-physician anesthetist Part		111, 650	0	111, 650			21. 00
22. 01 Physician Part A - Teaching 23. 00 Physician Part B 24. 00 Wage-related costs (RHC/FQHC) 25. 00 Interns & residents (in an approved program) 25. 50 Home office wage-related (core) 25. 51 Related organization 25. 52 Home office: Physician Part A 26. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22. 00			0	0	О			22. 00
23. 00 Physician Part B 24. 00 Wage-related costs (RHC/FQHC) 25. 00 Interns & residents (in an approved program) 25. 50 Home office wage-related (core) 25. 51 Related organization wage-related (core) 25. 52 Home office: Physician Part A - Administrative -	22 01			0		0			22 01
25. 00 Interns & residents (in an approved program) 25. 50 Home office wage-related (core) 25. 51 Related organization wage-related (core) 25. 52 Home office: Physician Part A - Administrative - 25. 52		, ,		189, 828	i o	189, 828			23. 00
approved program) 25. 50 Home office wage-related (core) 25. 51 Related organization wage-related (core) 45. 52 Home office: Physician Part A				0		0			
(core) Related organization wage-related (core) Home office: Physician Part A - Administrative -		approved program)		Ö					
25. 51 Related organization 0 0 0 0 25. 51 wage-related (core) 0 0 0 0 25. 52 Home office: Physician Part A 0 0 0 0 25. 52 - Administrative -	25. 50			1, 725, 428	C C	1, 725, 428			25. 50
25.52 Home office: Physician Part A 0 0 0 25.52 - Administrative -	25. 51	Related organization		0	C	О			25. 51
- Admi ni strati ve -	25. 52			n	0	n			25. 52
wage-related (core)		- Administrative -		J					
		wage-rerated (core)			I	1		I	

Provider CCN: 15-0008

					T	06/30/2020		
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Pai d Hours	11/25/2020 10: Average Hourly	
		Number		on of Salaries			Wage (col. 4 ÷	
		Number	Reported	(from Wkst.	(col . 2 ± col .	Salaries in	col. 5)	
				A-6)	3)	col . 4	(01. 3)	
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part A		0	0	0			25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARIE							
26. 00	Employee Benefits Department	4. 00	441, 774	0	441, 774	,		
27. 00	Administrative & General	5. 00	5, 517, 034	0	5, 517, 034			
28. 00	Administrative & General under		1, 093, 060	0	1, 093, 060	7, 513. 00	145. 49	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	1, 269, 383	0	1, 269, 383			29. 00
30. 00	Operation of Plant	7. 00	925, 980	0	925, 980			
31. 00	Laundry & Linen Service	8. 00	98, 783	0	98, 783			
32. 00	Housekeepi ng	9. 00	1, 844, 142	0	1, 844, 142			32. 00
33. 00	Housekeeping under contract		0	0	0	0. 00	0. 00	33. 00
04.00	(see instructions)	40.00	4 (00 400	/00 /00	4 000 /5/	F0 700 70	47.54	04.00
34.00	Dietary	10. 00	1, 630, 139	-600, 483	1, 029, 656			34. 00
35. 00	Di etary under contract (see		0	O	0	0. 00	0. 00	35. 00
36. 00	i nstructi ons) Cafeteri a	11. 00	0	600, 483	600. 483	34, 233. 61	17 54	36. 00
36.00		11.00	0	000, 483	000, 483	34, 233. 61 0. 00		36.00
38.00	Maintenance of Personnel	13. 00	800, 548	0	800, 548		41. 70	
	Nursing Administration		800, 548	0	800, 548	,		
39. 00 40. 00	Central Services and Supply	14. 00 15. 00	1 000 517	0	1 000 517	0.00	0.00	
	Pharmacy		1, 832, 517	0	1, 832, 517	37, 540. 98		
41. 00	Medical Records & Medical	16. 00	Ü	U	0	0. 00	0. 00	41. 00
42. 00	Records Library Social Service	17. 00	0	0	_	0.00	0.00	42. 00
	Other General Service	18. 00	0	0	0	0.00		42.00
43.00	Tother delieral Service	10.00	U	U	l 0	0.00	0.00	43.00

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10

HOSPITAL WAGE INDEX INFORMATION Worksheet S-3 Part III Date/Time Prepared: Provi der CCN: 15-0008 Peri od: From 07/01/2019 To 06/30/2020 11/25/2020 10:13 am Average Hourly Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 (col . 2 ± col . col. 5) (from Salaries in Works<u>heet A-6)</u> 3) col. 4 1.00 5.00 6.00 2.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY 1.00 Net salaries (see 53, 873, 822 53, 873, 822 1, 765, 707. 00 30. 51 1.00 instructions) 2.00 Excluded area salaries (see 136, 736 3, 821, 378 139, 703. 00 27. 35 2.00 3, 684, 642 instructions) 3.00 Subtotal salaries (line 1 50, 189, 180 -136, 736 50, 052, 444 1, 626, 004. 00 30.78 3.00 minus line 2)

7, 930, 367

14, 390, 655

72, 373, 466

15, 453, 360

Ω

-136, 736

206, 374. 39

1, 832, 378. 39

536, 529. 16

0.00

38. 43

28.75

39 50

28. 80

4.00

5.00

6.00

7.00

7, 930, 367

14, 390, 655

72, 510, 202

15, 453, 360

4.00

5.00

6.00

7.00

Subtotal other wages & related

Subtotal wage-related costs

Total overhead cost (see

Total (sum of lines 3 thru 5)

costs (see inst.)

(see inst.)

instructions)

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0008	Period: Worksheet S-3 From 07/01/2019 Part IV

	To 06/30/2020	Date/Time Prep 11/25/2020 10:	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1, 714, 314	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	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)	6, 749, 777	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	503, 886	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	48, 766	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)	47, 687	13. 00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	823, 936	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES		
17.00	FICA-Employers Portion Only	3, 175, 311	17. 00
18.00	Medicare Taxes - Employers Portion Only	770, 323	18. 00
19.00	Unemployment Insurance	170, 329	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	0	21. 00
	instructions))		
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)	14, 004, 329	24.00
	Part B - Other than Core Related Cost		
25. 00	OTHER WAGE RELATED COST		25. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2	552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		From 07/01/2019	Worksheet S-3 Part V Date/Time Prep 11/25/2020 10:	pared:
Cost Center Description		Contract Labor	Benefit Cost	

	· · · · · · · · · · · · · · · · · · ·		11/25/2020 10	
	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	886, 966	14, 004, 329	1.00
2.00	Hospi tal	886, 966	14, 004, 329	2.00
3.00	Subprovi der - I PF	0	0	3.00
4.00	Subprovi der - I RF	0	0	4.00
5.00	Subprovi der - (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	Hospi tal -Based SNF			8.00
9.00	Hospi tal -Based NF			9.00
10.00	Hospi tal -Based OLTC			10.00
11.00	Hospi tal -Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospi tal -Based Hospi ce			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospi tal -Based-CMHC			16.00
17.00	Renal Di al ysi s	0	0	17.00
18. 00	0ther	0	0	18. 00

	Financial Systems ST. CATHERINE HOSPIT AL UNCOMPENSATED AND INDIGENT CARE DATA Prov	rider CCN: 15-0008	Peri od:	u of Form CMS-2 Worksheet S-10				
JSPI II	AL UNCOMPENSATED AND INDIGENT CARE DATA PLOV	rider CCN: 15-0008	From 07/01/2019	worksneet 5-10	U			
			To 06/30/2020	Date/Time Pre	pare			
				11/25/2020 10	: 13			
				1. 00				
	Uncompensated and indigent care cost computation							
00								
	Medicaid (see instructions for each line)			34, 788, 144	2.			
00	Net revenue from Medicaid							
00								
00	If line 4 is no, then enter DSH and/or supplemental payments from N		aru:	N 25, 442, 087	4 5			
00	Medicaid charges	wear car a		174, 367, 884				
00	Medicaid cost (line 1 times line 6)			39, 693, 454				
00	Difference between net revenue and costs for Medicaid program (line	e 7 minus sum of li	nes 2 and 5; if	0				
	< zero then enter zero)							
	Children's Health Insurance Program (CHIP) (see instructions for ea	ach line)		0	9.			
00								
. 00	Stand-alone CHIP charges			0				
. 00	Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP (line	a 11 minus lina O	if / zero then	0				
. 00	enter zero)	e ii iiiiilius iiile 7,	II < Zero then	U	'2			
	Other state or local government indigent care program (see instruct	tions for each line	e)					
. 00								
. 00	Charges for patients covered under state or local indigent care pro	ogram (Not included	lin lines 6 or	70, 776	14			
	10)							
. 00	State or local indigent care program cost (line 1 times line 14)			16, 112 356				
. 00								
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHIP ar	nd state/Local indi	dent care program	ns (see				
	instructions for each line)	ia State/Todai Tilai	gent care program	15 (500				
. 00	O Private grants, donations, or endowment income restricted to funding charity care							
. 00								
. 00	Total unreimbursed cost for Medicaid , CHIP and state and local inc 8, 12 and 16)	digent care program	ns (sum of lines	356	19			
	0, 12 and 10)	Uni nsured	Insured	Total (col. 1				
		patients	patients	+ col . 2)				
		1.00	2. 00	3. 00				
	Uncompensated Care (see instructions for each line)							
. 00	Charity care charges and uninsured discounts for the entire facilit	ty 13, 599, 1	909, 014	14, 508, 167	20.			
. 00	(see instructions) Cost of patients approved for charity care and uninsured discounts	(see 3, 095, 7	738 909, 014	4, 004, 752	21			
. 00	instructions)	(366 3, 073, 7	707,014	4,004,752	21.			
. 00	Payments received from patients for amounts previously written off	as	0 0	0	22.			
	chari ty care							
. 00	Cost of charity care (line 21 minus line 22)	3, 095, 7	738 909, 014	4, 004, 752	23.			
00			6 1 1: : 1	1. 00 N	24.			
. 00								
00	imposed on patients covered by Medicaid or other indigent care prog If line 24 is yes, enter the charges for patient days beyond the ir		m's Lanath of	0	25.			
. 00	stay limit							
	Total bad debt expense for the entire hospital complex (see instruc	ctions)		6, 465, 427	26.			
. 00				733, 019				
. 00								
. 00 . 01 . 00	Non-Medicare bad debt expense (see instructions)	,		5, 337, 706				
. 00 . 01 . 00 . 00	Non-Medicare bad debt expense (see instructions) Cost of non-Medicare and non-reimbursable Medicare bad debt expense	,	s)	1, 609, 788	29			
0. 00 7. 00 7. 01 8. 00 9. 00 9. 00	Non-Medicare bad debt expense (see instructions)	e (see instructions	3)		29 30			

COST Center Description		n Financiai Systems Seleleation and adjustments of thial balance of	SI. CATHERINE		CN. 1E 0000		Workshoot A	2332-10
Cost Center Description	RECLA	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	- EXPENSES	Provider C			Worksheet A	
Cost Center Description						To 06/30/2020	Date/Time Pre	pared:
SEMBMAL SERVICE COST CENTERS		0 1 0 1 5	6.1.	011	T 1 1 (1 a	D 1 'C' 1		:13 am
SERIBBEL SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00 5.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0		Cost Center Description	Salaries	Other				
SEMPMAN SERVICE COST CARLESS 1.00					+ (01. 2)	ons (see A-6)		
1.00 2.00 2.00 3.00 4.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00								
Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Comp			1 00	2 00	3 00	4 00		
1.00 00100 CAP NEL COSTS-BLUE & FINX 2, 442, 541 117,771 2, 562, 262 117,771 3, 102,013 10,980 0 0 0 0 0 0 0 0 0		GENERAL SERVICE COST CENTERS	1100	2.00	0.00		0.00	
3.00 00500 OTHER CAP REL COSTS 0.00 00400 DIAM STEAMACK OF PERSONNEL 1.00 00400 DIAM STEAMACK OF PERSONNEL 3.01 00500 DIAM STEAMACK OF PERSONNEL 3.02 00500 DIAM STEAMACK OF PERSONNEL 3.03 00500 DIAM STEAMACK OF PERSONNEL 3.04 00500 DIAM STEAMACK OF PERSONNEL 3.05 00500 DIAM STEAMACK OF PERSONNEL 3.06 00500 DIAM STEAMACK OF PERSONNEL 3.07 00500 DIAM STEAMACK OF PERSONNEL 3.08 00500 DIAM STEAMACK OF PERSONNEL 3.09 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK OF PERSONNEL 3.00 00500 DIAM STEAMACK	1.00			2, 452, 541	2, 452, 54	1 111, 701	2, 564, 242	1.00
4.00 GONOO EMPLOYEE REMEFITS DEPARTMENT 120,744 7,843,490 7,793,224 4.0 4.0 6.000 4.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0	2.00	00200 CAP REL COSTS-MVBLE EQUIP		3, 102, 013	3, 102, 01	10, 806	3, 112, 819	2.00
4.01 0.0401 MAINTENANCE OF PERSONNEL 312, 000 177, 623 409, 653 0 469, 653 4.50 5.0 5.0 0.05800 MOUNTS HERT ITENTIONS 297, 614 42, 067 3.34, 403 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5	3.00			0)	0 0	0	3.00
5.01 0.0540 MORPATIENT TELEPHONES 0 0 0 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 334,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344,683 0 344		1 1						1
5.02 ODS-SOP DURCHAST INC RECEIVING AND STORES 292,616 42,067 334,683 0 334,683 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0				157, 623	469, 65	3 0		
5.03 ODS7/d JAMITTING			-1	0)	0		
5.04 0.0580 CASHI EN INCACCOUNTS RECEIVABLE 0 0 0 0 5.0 0.0590 CONTRER ROWN IN SERRICAL 4,258,621 27,662,095 31,920,716 -363,248 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,575,468 31,5							-	1
5.05 0.00000 OTHER ADMIN 8 CENERAL 4, 288, 621 27, 602, 695 31, 920, 716 0 37, 626, 516 0 0 30000 ANN HEANACE AS REPAIRS 1, 269, 333 7, 505, 631 0 0 30000 ANN HEANACE AS REPAIRS 1, 269, 338 1, 260, 716 881 0 0 7000 ANN HEANACE AS REPAIRS 1, 269, 338 2, 457, 248 3, 726, 631 0 0 30000 ANN HEANACE AS REPAIRS 1, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 388 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389 0 0 7, 269, 389		1 1		147, 466	1, 113, 26	3		
0.000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.00000000		00580 CASHI ERING/ACCOUNTS RECEIVABLE	- 1	27 442 005	21 020 71	242 249	_	1
0.0000 DOTOGO DEREATION OF PLANT 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICE 9.00 DOSODO LANDROW & LINEN SERVICES 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & SUPPLY 10.00 DOSODO LANDROW & LINEN SERVICES & S								1
8.00 000000 LAUNDRY & LINEN SERVICE 98,783 603,098 701,881 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,881 8 0 701,8								1
9.00 00000 HUSIEKEEPING								1
10.00 01000 DETARY 1, 630, 139 1, 354, 729 2, 994, 868 -1, 099, 515 1, 893, 533 10.0 12.00 01000 0, 679, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199, 515 1, 199,								1
11.00 01100 CAFLERIA 0 0 0 1.099,515 1.099,515 11.00 13.00 13.00 NIRSING ADMINISTRATION 800,548 197,796 996,344 0 998,344 13.0 13.00 1300 NIRSING ADMINISTRATION 800,548 197,796 996,344 0 0 98,344 13.0 13.00 1300 CRIVINAL SERVICES & SUPPLY 0 0 0 0 0 0 0 0 0		1 1						
12.00 01200 MAINTENANCE OF PERSONNEL 0 0 0 0 0 0 12.0 13.00 13100 MIRSTRATION NUMERIS AGAIN INSTRATION 800,548 197,779 0 0 0 0 0 0 0 0 0				0				1
14.00 01400 CENTRAL SERVICES & SUPPLY 1.832.577 7.328, 952.579 9.10, 4.09 -2, 614, 215 6.547, 254 6.10 10.00 10.00 01600 MEDI CAL RECORDS & LIBRARY 1.832.577 7.328, 952 9.10, 4.09 -2, 614, 215 6.547, 254 16.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	12.00	01200 MAINTENANCE OF PERSONNEL	0	0)	0 0		1
15.00 01500 PHASHACY 1,832,517 7,328,952 9,161,469 -2,614,215 6,547,254 15.0 17.0 01700 SCICIAL SERVICE 0 0 0 0 0 0 0 0 0	13.00	01300 NURSING ADMINISTRATION	800, 548	197, 796	998, 34	4 0	998, 344	13.00
10.00 101-00 MEDICAL RECORDS & LIBRARY 0 34,495 0 0 0 0 0 0 0 0 0	14.00	01400 CENTRAL SERVICES & SUPPLY	0	0		0 0	0	14.00
17.00 01700 NOMPHYSICIAN ARESTHETISTS 0 0 0 0 0 0 17.0	15.00		1, 832, 517	7, 328, 952	9, 161, 46	9 -2, 614, 215	6, 547, 254	15. 00
19.00 01900 MONPHYSICIAN AMESTHETISTS 0 0 0 0 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00	16. 00	1 1	0	34, 495	34, 49	5 0	34, 495	16. 00
IMPATI ENT ROUTINE SERVICE COST CENTERS 13, 246, 132 2, 765, 789 16, 011, 921 -1, 854, 387 14, 157, 54 30, 00 0300 ADULTS & PEDIA PRICES 13, 246, 132 2, 765, 789 16, 011, 921 -1, 854, 387 14, 157, 54 30, 00 0300 ADULTS & PEDIA PRICES 1, 250, 180 243, 600 1, 803, 780 61, 705 1, 865, 485 40, 00 04, 00 0400 SUBPROVIDER = 1 PF 1, 550, 180 243, 600 1, 803, 780 61, 705 1, 865, 485 40, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00 04, 00			-	0)	0 0		
30.00 30000 ADULTS & PEDI ATRICS 13, 246, 132 2, 765, 789 16, 011, 921 -1, 854, 387 14, 157, 534 30.0 310.0 310.0 MTENSINE CARE UNIT 2, 382, 999 627, 775 3, 010, 764 74, 191 3, 884, 955 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0 310.0	19. 00		0	0)	0 0	0	19. 00
31.00 0 30100 MTENSI WE CARE UNIT 2, 382, 989 627, 775 3, 010, 764 74, 191 3, 084, 955 31.0 0400 0 30000 SUBPROVIDER - IPF 1, 560, 180 243, 600 1, 803, 780 61, 705 1, 865, 485 40.0 41.0 04100 SUBPROVIDER - IRF 1, 729, 608 851, 280 2, 580, 888 75, 031 2, 655, 919 41.0 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479, 801 479,								
40.00 04000 SUBPROVIDER - IPF								
41.00 04100 SUBPROVIDER - IRF								1
43.00 0.4300 NURSERY 0.0 0.0 0.0 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840 479,840								
ANCIL LARY SERVICE COST CENTERS				851, 280	1			1
50.00	43.00		<u> </u>	0	'	J 477, 040	477, 040	43.00
51.00 05100 RECOVERY ROOM & LABOR ROOM 3.26, 696 47, 975 374, 671 0 0, 1, 066, 470 5.20	50 00		3 201 961	3 233 147	6 435 10	8 0	6 435 108	50.00
52.00 05200 DELUVERY ROOM & LABOR ROOM 0 0 0 0 0 0 0 0 0		1 1						1
53.00 05300 ARSTHESI OLOGY 2, 292, 488 480, 902 2, 773, 360 0 2, 773, 360 53.0				.,,,,,			-	
54.00 05400 RADIO LOGY-DI AGNOSTI C 1, 706, 017 72,6,694 2, 432, 711 0 2, 432, 711 54.0 40.10 05401 ULTRASOUNDS 0 0 0 0 0 0 0 54.01 05401 ULTRASOUNDS 0 0 0 0 0 0 55.02 03040 AUDIO LOGY 0 0 0 0 0 0 55.03 05600 RADIO I SOTOPE 488, 653 0603, 693 1, 092, 346 0 1, 092, 346 56.0 57.00 05700 CT SCAN 436, 334 453, 746 890, 680 0 890, 680 57.0 59.00 05900 CARDIA C CATHETERI ZATI ON 999, 905 739, 410 1, 739, 315 0 1, 739, 315 59.0 62.00 05900 LABORATORY 2, 368, 677 2, 947, 945 5, 316, 622 64, 802 5, 381, 424 60.0 62.00 06200 MEDICLE BLOOD & PACKED RED BLOOD CELL 109, 102 669, 785 778, 887 0 778, 887 62.0 62.00 06200 MINOLE BLOOD & PACKED RED BLOOD CELL 109, 102 669, 785 778, 887 0 778, 887 62.0 63.01 NON INVASI VE LAB 636, 997 235, 543 812, 540 0 812, 540 64.00 06600 RESPIRATORY HERAPY 1, 107, 450 321, 348 1, 428, 798 0 1, 428, 798 65.0 65.00 06600 RESPIRATORY HERAPY 2, 114, 777 1, 052, 880 3, 167, 657 0 3, 167, 657 67.0 66.00 06600 PHYSI CAL THERAPY 2, 114, 777 1, 052, 880 3, 167, 657 0 3, 167, 657 67.0 67.00 07000 ELECTROENCEPHALOGRAPHY 159, 301 53, 117 212, 418 0 212, 418 0 67.00 07000 RESPIRATOR HERAPY 159, 301 53, 117 212, 418 0 212, 418 0 67.00 07000 RESPIRATOR CHARGED TO PATI ENTS 0 3, 754, 450 3, 754, 450 0 3, 403, 493 0 67.00 07000 RESPIRATOR CHARGED TO PATI ENTS 0 3, 754, 450 0 0 0 0 0 0 67.00 07600 RESPIRATOR CHARGED TO PATI ENTS 0 3, 754, 450 0 0 0 0 0 0 0 67.00 07600 CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 67.00 07600 CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0			2, 292, 458	480, 902	2, 773, 360			1
54. 02	54.00							1
56. 00 05600 RADI OI SOTOPE	54.01	05401 ULTRASOUND	380, 649	173, 413	554, 06:	2 0	554, 062	54. 01
57. 00 05700 CT SCAN 436, 334 453, 746 890,080 0 890,080 57. 00 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05	54.02	03040 AUDI OLOGY	0	0)	0 0	0	54. 02
59.00 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 05900 0590								
60.00 06000 LABORATORY 2, 368, 677 2, 947, 945 5, 316, 622 64, 802 5, 381, 424 60. 062. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 109, 102 669, 785 778, 887 0 078, 887 62. 00 06250 BLOOD CLOTTI ING FOR HEMOPHI LI ACS 0 0 0 0 0 0 0 62. 3 06301 NONI NVASI VE LAB 636, 997 235, 543 872, 540 872, 540 872, 540 63. 00 08000 RESPI RATORY THERAPY 1, 107, 450 321, 348 1, 428, 798 0 1, 428, 798 65. 00 06000 RESPI RATORY THERAPY 2, 114, 777 1, 052, 880 3, 167, 657 0 3, 167, 657 66. 00 06000 PAYSI CAL THERAPY 2, 114, 777 1, 052, 880 3, 167, 657 0 3, 167, 657 66. 00 06000 SPECEH PATHOLOGY 346, 428 161, 375 507, 803 0 507, 803 68. 00 08000 SPECEH PATHOLOGY 346, 428 161, 375 507, 803 0 507, 803 0 507, 803 68. 00 00000 00000 00000 00000 00000 00000 00000 00000 000000		1 1					-	
62. 30 06200 MOHLE BLOOD & PACKED RED BLOOD CELL 109, 102 669, 785 778, 887 0 0 778, 887 62. 0 62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 62. 3 63. 02 06301 NONI NVASI VE LAB 636, 997 235, 543 872, 540 0 872, 540 63. 0 65. 00 06500 RESPI RATORY THERAPY 1, 107, 450 321, 348 1, 428, 798 0 1, 428, 798 66. 00 6600 PHYSI CAL THERAPY 2, 114, 777 1, 052, 880 3, 167, 657 0 3, 167, 657 66. 0 06600 PHYSI CAL THERAPY 761, 151 596, 755 1, 357, 906 0 1, 357, 906 67. 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		1 1						
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 0 0 63.363 02 06301 NONINVASI VE LAB 0.875,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540 0.872,540								
63. 02 663.01 NONINVASI VE LAB 636, 997 235, 543 872, 540 0 872, 540 63. 0 65. 00 06500 RESPI RATORY THERAPY 1,107, 450 321, 348 1,428, 798 0 1,428, 798 66. 0 66. 00 06600 PHYSI CAL THERAPY 2,114, 777 1,052, 880 3,167, 657 0 3,167, 657 67. 00 06600 PHYSI CAL THERAPY 2,114, 777 1,052, 880 3,167, 657 0 3,167, 657 68. 00 06600 PHYSI CAL THERAPY 761, 151 596, 755 1,357, 906 0 1,357, 906 67. 00 0700 CEUPATI ONAL THERAPY 761, 151 596, 755 1,357, 906 0 507, 803 68. 00 06800 SPEECH PATHOLOGY 3446, 428 161, 375 507, 803 0 507, 803 67. 00 07000 ELECTROENCEPHALOGRAPHY 159, 301 53, 117 212, 418 0 212, 418 67. 00 07000 ELECTROENCEPHALOGRAPHY 159, 301 53, 117 212, 418 0 212, 418 67. 00 07000 ELECTROENCEPHALOGRAPHY 159, 301 53, 117 212, 418 0 3, 754, 450 0 3, 754, 450 0 3, 754, 450 0 3, 403, 493 72. 00 72. 00 07200 IMPLE DEV. CHARGED TO PATI ENT 0 3, 403, 493 3, 403, 493 0 0 0 2, 790, 154 2, 790, 154 73. 0 74. 00 07400 RENAL DI ALYSI S 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 832, 596 0 6, 844 511, 660 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99 76, 99			109, 102	669, 785	778, 88	7 0		
65.00 06500 RESPI RATORY THERAPY 1, 107, 450 3.21, 348 1, 428, 798 0 1, 428, 798 66.00 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 06600 066000 066000 066000 066000 066000 066000 066000 066000 066000 066000 066000 066000 066000 0660000 0660000 06600000 06600000000			0	005 540	070 54	0		
66.00 06600 PHYSI CAL THERAPY 2,114,777 1,052,880 3,167,657 0 3,167,657 66.0 67.00 06700 OCCUPATI ONAL THERAPY 761,151 596,755 1,357,906 0 1,357,906 67.00 68.00 06800 SPEECH PATHOLOGY 346,428 161,375 507,803 0 507,803 60.07,803 67.00 07000 ELECTROENCEPHALOGRAPHY 159,301 53,117 212,418 0 212,418 67.00 07000 ELECTROENCEPHALOGRAPHY 159,301 53,117 212,418 0 212,418 67.00 07000 ELECTROENCEPHALOGRAPHY 159,301 53,117 212,418 0 212,418 70.00 71.00 07000 DEV. CHARGED TO PATIENTS 0 3,403,493 3,403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3403,493 0,3		1 1						1
67. 00 06700 06700 06700 06700 06700 06700 06700 06700 06700 06700 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 06800 068000 068000 068000 068000 068000 068000 068000 068000 068000 068000 068000 06		1 1						
68. 00 06800 SPEECH PATHOLOGY 346, 428 161, 375 507, 803 0 507, 803 68. 0 0 07000 ELECTROENCEPHALOGRAPHY 159, 301 53, 117 212, 418 0 212, 418 0 212, 418 70. 0 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70		1 1	ı					1
70. 00 07000 ELECTROENCEPHALOGRAPHY 159, 301 53, 117 212, 418 0 212, 418 70. 0 71. 00 71. 00 70. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00		1 1						1
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 3, 754, 450 3, 754, 450 0 3, 754, 450 71. 072. 00 07200 MPL. DEV. CHARGED TO PATIENTS 0 3, 403, 493 3, 403, 493 0 3, 403, 493 72. 00 07200 MPL. DEV. CHARGED TO PATIENTS 0 3, 403, 493 3, 403, 493 72. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 2, 790, 154 2, 790, 154 73. 00 07400 RENAL DI ALYSI S 0 832, 596 832, 596 0 832, 596 74. 00 07400 RENAL DI ALYSI S 0 832, 596 832, 596 0 832, 596 74. 00 075, 76. 97 07697 CARDI AC REHABILI TATI ON 440, 349 78, 185 518, 534 -6, 874 511, 660 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 0								
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 3, 403, 493 3, 403, 493 0 3, 403, 493 72. 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 2, 790, 154 2, 790, 154 2, 790, 154 73. 074. 00 07400 RENAL DIALYSIS 0 832, 596 832, 596 0 832, 596 74. 074. 00 03480 ONCOLOGY 411, 617 661, 997 1, 073, 614 0 1, 073, 614 0 1, 073, 614 75. 01 03480 ONCOLOGY 411, 617 661, 997 1, 073, 614 0 1, 073, 614 75. 01 07697 CARDIAC REHABILITATION 440, 349 78, 185 518, 534 -6, 874 511, 660 76. 9 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 0							-	
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 832, 596 832, 596 0 832, 596 74. 00 75. 01 03480 ONCOLOGY 411, 617 661, 997 1, 073, 614 0 1, 073, 614 75. 0 76. 97 07697 CARDI AC REHABILLITATI ON 440, 349 78, 185 518, 534 -6, 874 511, 660 76. 99 07699 LITHOTRI PSY 0 0 0 0 0 0 0 0 0			ő					
74. 00 07400 RENAL DIALYSIS 0 832, 596 832, 596 0 832, 596 75. 01 03480 ONCOLOGY 411, 617 661, 997 1, 073, 614 0 1, 073, 614 75. 0 76. 97 07697 CARDIAC REHABILITATION 440, 349 78, 185 518, 534 -6, 874 511, 660 76. 9 07698 HYPERBARIC OXYGEN THERAPY 0 0 0 0 0 0 0 0 76. 9 076. 99 07699 LITHOTRIPSY 0 0 0 0 0 0 0 0 0 0 76. 9 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ol	0	1			
75. 01			ó	832, 596	832, 59			1
76. 98	75. 01		411, 617					1
76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 76. 9 OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 221, 104 41, 486 262, 590 0 262, 590 90. 0 90. 01 09001 0P PSYCH 132, 867 15, 357 148, 224 0 148, 224 90. 0 91. 00 09100 EMERGENCY 2, 863, 106 970, 146 3, 833, 252 97, 150 3, 930, 402 91. 0 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0THER REI MBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0 0 0 0 0 0 101. 0 SPECI AL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LI NES 1 through 117) 54, 784, 808 84, 304, 478 139, 089, 286 -6, 874 139, 082, 412 118. 0 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 6, 874 6, 874 191. 0 191. 00 19100 RESEARCH 0 0 0 0 6, 874 6, 874 191. 0 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87, 736 87, 736 0 87, 736 192. 0		1 1	440, 349	78, 185	518, 53	-6, 874		
OUTPATIENT SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS 90. 00		1 1		0)	0 0		1
90. 00	76. 99		0	0)	0	0	76. 99
90. 01								
91. 00		1 1						1
92. 00		1 1						
OTHER REI MBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0 0 0 0 101. 0 SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 54,784,808 84,304,478 139,089,286 -6,874 139,082,412 118. 0 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 0 190. 0 191. 00 19100 RESEARCH 0 0 0 6,874 6,874 191. 0 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87,736 87,736 0 87,736 192. 0		1 1	2, 803, 100	970, 146	3, 833, 25.	2 97, 150	3, 930, 402	1
101. 00	92.00							92.00
SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 54,784,808 84,304,478 139,089,286 -6,874 139,082,412 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190.00 191.00 19100 RESEARCH 0 0 0 0 6,874 6,874 191.00 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87,736 87,736 0 87,736 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00 192.00	101 0		٥١	0			0	101 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 54, 784, 808 84, 304, 478 139, 089, 286 -6, 874 139, 082, 412 18. 0 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 0 191. 00 191. 00 19100 RESEARCH 0 0 0 0 6, 874 6, 874 191. 0 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87, 736 87, 736 0 87, 736 192. 0	101.0		- υ	0	'I '	σ ₁	0	1.01.00
NONREI MBURSABLE COST CENTERS 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190.00	118 N		54. 784 808	84.304 478	139, 089, 28	6 -6 874	139. 082 412	118. 00
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190. 0 191. 00 19100 RESEARCH 0 0 0 6, 874 6, 874 191. 0 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87, 736 87, 736 0 87, 736 192. 0			3., . 0 1, 000	5.,551,770		- 0,014	.57,002, 112	1
191. 00 19100 RESEARCH 0 0 0 6, 874 191. 0 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87, 736 87, 736 0 87, 736 192. 0	190. ೧		O	0)	0 0	0	190. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 87, 736 87, 736 0 87, 736 192. 0			1	0	1	6, 874		
			Page 1	87, 736				
			o	0				
			·			·		

Health Financial Systems	ST. CATHERINE	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der Co		eri od:	Worksheet A	
				rom 07/01/2019 o 06/30/2020	Date/Time Pre 11/25/2020 10	pared: :13_am_
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cati	Reclassi fied	
			+ col . 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2. 00	3. 00	4. 00	5. 00	
194. 01 07954 RETAIL PHARMACY	394, 521	6, 072, 590	6, 467, 111	0	6, 467, 111	194. 01
194. 03 07951 ADVERTI SI NG EXPENSE	333	349, 377	349, 710	0	349, 710	194. 03
194. 04 07952 REGENCY HOSPI TAL	0	14, 768	14, 768	0	14, 768	194. 04
194. 05 07953 UNUSED SPACE	0	0		0	0	194. 05
200.00 TOTAL (SUM OF LINES 118 through 199)	55, 179, 662	90, 828, 949	146, 008, 611	0	146, 008, 611	200. 00

COST Cer CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SERVI CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SEXU CENERAL SUBLES CENERAL SUBLES CENERAL SUBLES CENERAL SUBLE	D ADJUSTMENTS OF TRIAL BALANCE OF INTER DESCRIPTION CE COST CENTERS COSTS-BLDG & FIXT COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES ING INGACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS W PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS	Adj ustments (See A-8) 6.00 151,858 576,466 0 898,889 -6,221 331,829 -18,475 0 1,988,059 -14,643,535 -226 -40,645 -15,556 0 0 -284,007 0 84,916 0 0 1,549,837 0 0 -2,878 -3,043 0 -3,246	Net Expenses For Al I ocati on 7. 00 2, 716, 100 3, 689, 285 0 8, 872, 123 463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0	N: 15-0008	Period: From 07/01/2019 To 06/30/2020		epared:
SENERAL SERVI 1.00	CE COST CENTERS COSTS-BLDG & FIXT COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS WE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	(See A-8) 6.00 151, 858 576, 466 0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	For Al I ocation 7.00 2,716,100 3,689,285 0 8,872,123 463,432 331,829 316,208 1,113,263 1,988,059 16,913,933 3,726,405 4,484,263 686,325 2,422,197 1,885,353 815,508 0 1,083,260 0 6,547,254 1,584,332 0 0 14,154,656 3,081,912 1,865,485 2,652,673 479,840			Date/Time Pre	1. 00 2. 00 3. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 17. 00 19. 00
1.00 00100 CAP REL 2.00 00200 CAP REL 3.00 00300 OTHER CA 4.00 00400 EMPLOYER 4.01 00401 MAI NTENN 5.01 00540 NONPATI E 5.02 00560 PURCHASI 5.03 00570 ADMI TTI I 5.04 00580 CASHI ERI 6.00 00600 MAI NTENN 7.00 00700 OPERATI C 8.00 00800 LAUNDRY 9.00 00800 LAUNDRY 9.00 00900 HOUSEKER 10.00 01000 DI ETARY 11.00 01100 CAFETERI 12.00 01200 MAI NTENN 13.00 01300 NURSI NG 14.00 01400 CENTRAL 15.00 01500 PHARMAC 16.00 01600 MEDI CAL 17.00 01700 SOCI AL S 18.00 01400 CENTRAL 19.00 01900 NONPHSI 10.00 01900 NONPHSI 10.00 01900 NONPHSI 10.00 01900 NONPHSI 10.00 01900 NONPHSI 10.00 01000 SUBPROVI 41.00 04000 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI 41.00 04100 SUBPROVI	CE COST CENTERS COSTS-BLDG & FIXT COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS WE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	(See A-8) 6.00 151, 858 576, 466 0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	For Al I ocation 7.00 2,716,100 3,689,285 0 8,872,123 463,432 331,829 316,208 1,113,263 1,988,059 16,913,933 3,726,405 4,484,263 686,325 2,422,197 1,885,353 815,508 0 1,083,260 0 6,547,254 1,584,332 0 0 14,154,656 3,081,912 1,865,485 2,652,673 479,840				1. 00 2. 00 3. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 17. 00 19. 00
Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Cont	CE COST CENTERS COSTS-BLDG & FIXT COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS WE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	(See A-8) 6.00 151, 858 576, 466 0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	For Al I ocation 7.00 2,716,100 3,689,285 0 8,872,123 463,432 331,829 316,208 1,113,263 1,988,059 16,913,933 3,726,405 4,484,263 686,325 2,422,197 1,885,353 815,508 0 1,083,260 0 6,547,254 1,584,332 0 0 14,154,656 3,081,912 1,865,485 2,652,673 479,840				2. 00 3. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
1. 00	COSTS-BLDG & FIXT COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS W PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	6. 00 151, 858 576, 466 0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	7. 00 2, 716, 100 3, 689, 285 0 8, 872, 123 463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				2. 00 3. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
1. 00	COSTS-BLDG & FIXT COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS W PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	576, 466 0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	3, 689, 285 0 8, 872, 123 463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				2. 00 3. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
2. 00 00200 CAP REL 3. 00 00300 OTHER C, 4. 00 00400 EMPLOYEI 4. 01 00401 MAI NTEN, 5. 01 00560 PURCHASI 5. 02 00560 PURCHASI 5. 03 00570 ADMI TTI I 5. 04 00580 CASHI ERI 6. 00 00600 MAI NTEN, 7. 00 0700 OPERATI (8. 00 00800 LAUNDRY 9. 00 00900 HOUSEKEI 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI 12. 00 01200 MAI NTEN, 12. 00 01200 MAI NTEN, 13. 00 01400 CENTRAL 15. 00 01500 PHARMAC 16. 00 01600 MEDI CAL 17. 00 01700 SOCI AL 18. 00 01400 CENTRAL 19. 00 01900 NONPHYSI 10. 00 01900 NONPHYSI 10. 00 01900 NONPHYSI 10. 00 01900 SUBPROVI 41. 00 04000 SUBPROVI 41. 00 04100 SUBPROVI 41. 00 04100 SUBPROVI 41. 00 04100 SUBPROVI 41. 00 04100 SUBPROVI 41. 00 04100 SUBPROVI 41. 00 05400 PERATII 51. 00 05400 PERATII 52. 00 05400 PERATII 53. 00 05300 ANESTHES 54. 00 05400 AUDI OLOG 55. 01 05400 AUDI OLOG 56. 00 05600 RADI OLOG 56. 00 05600 RADI OLOG 56. 00 05600 RADI OLOG	COSTS-MVBLE EQUIP AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES ING RECEIVING AND STORES ING RECEIVING AND STORES ING RECEIVING AND STORES ING RECEIVING AND STORES ING RECEIVING AND STORES ING REPAIRS DON OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS IN PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS ING ROOM	576, 466 0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	3, 689, 285 0 8, 872, 123 463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				2. 00 3. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
3. 00 00300 OTHER C/ 4. 01 00401 MAI NTEN/ 5. 01 00540 NONPATI I 5. 02 00560 PURCHASI 5. 03 00570 ADMI TTI I 5. 04 00580 CASHI ERI 6. 00 00600 MAI NTEN/ 7. 00 00700 OPERATI I 12. 00 01000 DI ETARY 11. 00 01100 CAFETERI 12. 00 01200 MAI NTEN/ 13. 00 01300 NURSI NG 14. 00 01400 CENTRAL 15. 00 01500 PHARMAC' 16. 00 01600 MEDI CAL 17. 00 01700 ONONPHYSI 18. 00 01400 CENTRAL 19. 00 01400 CENTRAL 19. 00 01400 CENTRAL 19. 00 01500 PHARMAC' 10. 001500 PHARMAC' 11. 00 01500 PHARMAC' 11. 00 01600 MEDI CAL 17. 00 01700 SUBPROVI 18. 00 01400 SUBPROVI 19. 00 01400 SUBPROVI 19. 00 01400 SUBPROVI 11. 00 01500 PHARMAC' 19. 00 01500 PHARMAC' 19. 00 01500 PHARMAC' 19. 00 01500 PHARMAC' 19. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 00 01500 PHARMAC' 10. 0	AP REL COSTS E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF	0 898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0	0 8, 872, 123 463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				3. 00 4. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00
4. 00 00400 EMPLOYER 4. 01 00401 MAI NTEN. 5. 01 00540 NONPATI E 5. 02 00560 PURCHASI 5. 03 00570 ADMI TTI N 5. 04 00580 CASHI ERI 6. 05 00590 OTHER AI 6. 00 00600 MAI NTEN. 7. 00 00700 OPERATI I 8. 00 00800 LAUNDRY 9. 00 00900 HOUSEKER 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI 12. 00 01200 MAI NTEN. 13. 00 01200 MAI NTEN. 13. 00 01400 CENTRAL 15. 00 01400 CENTRAL 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL 17. 00 01700 SOCI AL 18. 00 01400 CENTRAL 19. 00 01900 NONPHYSI 10. 00 01000 NONPHYSI 11. 00 01400 SUBPROVI 14. 00 04000 SUBPROVI 14. 00 04000 SUBPROVI 14. 00 04100 SUBPROVI 14. 00 04100 SUBPROVI 14. 00 04100 SUBPROVI 14. 00 04100 SUBPROVI 14. 00 04100 SUBPROVI 14. 00 04100 SUBPROVI 14. 00 05400 ANDI LTER 15. 00 05400 ANDI LTER 15. 00 05400 ARDI OLO 15. 00 05400 RADI OLO 15. 00 05400 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 RADI OLO 15. 00 05600 05600	E BENEFITS DEPARTMENT ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF	898, 889 -6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	8, 872, 123 463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				4. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 30. 00 31. 00
4. 01 00401 MAI NTEN/ 5. 01 00540 PURCHASI 5. 02 00560 PURCHASI 5. 03 00570 ADMI TTI N 5. 01 00580 CASHI ERI 6. 05 00590 OTHER AI 6. 00 00600 MAI NTEN/ 7. 00 00700 OPERATI O 8. 00 00900 LAUNDRY 9. 00 00900 HOUSEKEI 11. 00 01100 DI ETARY 111. 00 01100 CAFETERI 12. 00 01200 MAI NTEN/ 13. 00 01300 NURSI NG 14. 00 01400 CENTRAL 15. 00 01500 PHARMAC' 16. 00 01600 MEDI CAL 17. 00 01700 SOCI AL 17. 00 01700 SOCI AL 18. 00 01400 CENTRAL 19. 00 01400 SUBPROVI 11. 00 01400 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 05100 RECOVER' 15. 00 05200 DELI VER' 15. 00 05200 DELI VER' 15. 00 05400 RADI OLOG 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI 15. 01 05401 ULTRASOI	ANCE OF PERSONNEL ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT LDER - IPF LDER - IRF VICE COST CENTERS NG ROOM	-6, 221 331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 0 -350, 000	463, 432 331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 30. 00 31. 00
5. 01 00540 NONPATI E 5. 02 00560 PURCHASI 5. 03 00570 ADMI TTI E 5. 04 00580 CASHI ERI 6. 05 00590 OTHER AE 6. 00 00600 MAI NTEN 7. 00 00700 OPERATI E 8. 00 00900 HOUSEKEI 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI 12. 00 01200 MAI NTEN 13. 00 01300 NURSI NG 14. 00 01400 CENTRAL 15. 00 01500 PHARMAC 16. 00 01600 MEDI CAL 17. 00 01700 SOCI AL 18. 00 01400 SUBPROVI 19. 00 01400 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 04100 SUBPROVI 11. 00 05100 RECOVER 15. 00 05200 DELI VER 15. 00 05400 ANESTHES 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG 15. 00 05400 ARBI OLOG	ENT TELEPHONES ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF	331, 829 -18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	331, 829 316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00
0.00	ING RECEIVING AND STORES NG ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT LDER - IPF LDER - IRF VICE COST CENTERS NG ROOM	-18, 475 0 1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	316, 208 1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 19. 00 30. 00 31. 00
0.04 00580 CASHI ERI	ING/ACCOUNTS RECEIVABLE DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS	1, 988, 059 -14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0 0 -350, 000	1, 113, 263 1, 988, 059 16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00
3. 05 00590 OTHER AI	DMIN & GENERAL ANCE & REPAIRS DN OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS VICE COST CENTERS	-14, 643, 535 -226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	16, 913, 933 3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
0.00 00600 MAI NTEN/ 0.00 00700 OPERATI (0.00 00800 LAUNDRY 0.00 00900 HOUSEKEI 0.00 01100 DI ETARY 2.00 01200 MAI NTEN/ 3.00 01300 NURSI NG 4.00 01400 CENTRAL 5.00 01500 PHARMAC\ 6.00 01600 MEDI CAL 9.00 01700 SOCI AL 9.00 03000 ADULTS (1.00 03100 INTENSI \ 0.00 04300 NURSERY ANCI LLARY SER' 0.00 05400 PERATI (1.00 05100 RECOVER) 2.00 05200 DELI VER\ 3.00 05300 ANESTERY 4.00 05400 RADI OLO(4.01 05401 ULTRASO(4.02 03040 AUDI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600 RADI OLO(6.00 05600	ANCE & REPAIRS ON OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	-226 -40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	3, 726, 405 4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
0.00	ON OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	-40, 645 -15, 556 0 0 -284, 007 0 84, 916 0 1, 549, 837 0 -2, 878 -3, 043 0 -3, 246 0 -350, 000	4, 484, 263 686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
. 00	& LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT LDER - IPF LDER - IRF VICE COST CENTERS NG ROOM	-15, 556 0 0 -284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	686, 325 2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 17. 00 30. 00 31. 00
. 00	EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	-2, 878 -3, 246 -350, 000	2, 422, 197 1, 885, 353 815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 19. 00 30. 00 31. 00
0. 00 01000 DI ETARY 1. 00 01100 CAFETERI 2. 00 01200 MAI NTENN 01300 NURSI NG 4. 00 01400 CENTRAL 5. 00 01600 MEDI CAL 7. 00 01700 SOCI AL 5. 00 01700 SOCI AL 5. 00 01700 SOCI AL 5. 00 01700 SOCI AL 5. 00 01700 SOCI AL 5. 00 03000 ADULTS 8. 00 03000 ADULTS 8. 00 04100 SUBPROVI 1. 00 04100 SUBPROVI 1. 00 04100 SUBPROVI 1. 00 04300 NURSERY ANCI LLARY SER 0. 00 05400 ARDI OLG 05400 ARDI OLG 05400 ARDI OLG 05400 ARDI OLG 05400 RADI OLG 05400 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 RADI OLG 05600 05600 RADI OLG 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600	ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - I PF IDER - I RF VICE COST CENTERS NG ROOM	-284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	1, 885, 353 815, 508 0 1, 083, 260 0, 6, 547, 254 1, 584, 332 0 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
1. 00	ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE CIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS VG ROOM	-284, 007 0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	815, 508 0 1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
2. 00 01200 MAI NTEN/ 3. 00 01300 NURSI NG 4. 00 01400 CENTRAL 5. 00 01500 PHARMAC' 6. 00 01600 MEDI CAL 7. 00 01700 SOCI AL 9. 00 03000 ADULTS 8 1. 00 03100 I NTENSI V 0. 00 04400 SUBPROVI 3. 00 04400 SUBPROVI 3. 00 05400 NURSERY ANCI LLARY SER 0. 00 05500 DELI VER 2. 00 05200 DELI VER 3. 00 05300 ANESTHE 4. 00 05400 RADI OLO 4. 01 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI	ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE CIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS VG ROOM	0 84, 916 0 0 1, 549, 837 0 0 -2, 878 -3, 043 0 -3, 246 0	1, 083, 260 0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
3. 00 01300 NURSI NG 4. 00 01400 CENTRAL 5. 00 01500 PHARMAC' 6. 00 01600 MEDI CAL 7. 00 01700 SOCI AL 9. 00 03000 ADULTS (1. 00 03100 INTENSI (0. 00 04300 SUBPROVI 1. 00 04100 SUBPROVI 3. 00 04300 NURSERY ANCI LLARY SER 0. 00 05400 PERATI (1. 00 05100 RECOVER) 2. 00 05200 DELI VER(3. 00 05400 ANESTHEAL 4. 00 05400 RADI OLO(4. 01 05401 ULTRASO(4. 02 03040 AUDI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(6. 00 05600 RADI OLO(ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT LDER - IPF LDER - I RF VICE COST CENTERS NG ROOM	0 0 1,549,837 0 0 -2,878 -3,043 0 -3,246 0	0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				14. 00 15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
5. 00 01500 PHARMAC' 6. 00 01600 MEDI CAL 7. 00 01700 SOCI AL 9. 00 01900 NONPHYS 1. NON NONPHYS 1. 00 03000 ADULTS 1. 00 03100 INTENSI 1. 00 04100 SUBPROVI 1. 00 04300 NURSERVI 1. 00 05400 OPERATII 1. 00 05100 RECOVER' 2. 00 05200 DELI VER' 3. 00 05400 ANESTHES 4. 00 05401 ULTRASOI 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600	RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT LDER - LPF LDER - LRF VICE COST CENTERS	-2, 878 -3, 043 0 -3, 246 0 -350, 000	0 6, 547, 254 1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				15. 00 16. 00 17. 00 19. 00 30. 00 31. 00
6. 00	RECORDS & LIBRARY SERVICE LCIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT LDER - IPF LDER - IRF VICE COST CENTERS NG ROOM	1, 549, 837 0 0 0 -2, 878 -3, 043 0 -3, 246 0	1, 584, 332 0 0 14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				16. 00 17. 00 19. 00 30. 00 31. 00
7. 00 01700 SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL SOCI AL	SERVICE ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS	-2, 878 -3, 043 0 -3, 246 0	14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				17. 00 19. 00 30. 00 31. 00
9. 00 01900 NONPHYSI INPATI ENT ROU 0. 00 03000 ADULTS & 1. 00 04100 SUBPROVI 3. 00 04100 SUBPROVI 3. 00 04300 NURSERY ANCI LLARY SER 0. 00 05000 OPERATI 1. 00 05100 RECOVER 2. 00 05200 DELI VER 3. 00 05400 ANESTHE 4. 00 05400 RADI OLO 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 RADI OLO 6. 00 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600	ICIAN ANESTHETISTS TINE SERVICE COST CENTERS & PEDIATRICS VE CARE UNIT IDER - I PF IDER - I RF VI CE COST CENTERS	-2, 878 -3, 043 0 -3, 246 0	14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				30. 00 31. 00
INPATE ENT ROU	TINE SERVICE COST CENTERS PEDIATRICS VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS VICE COST CENTERS	-2, 878 -3, 043 0 -3, 246 0	14, 154, 656 3, 081, 912 1, 865, 485 2, 652, 673 479, 840				30. 00 31. 00
0. 00 03000 ADULTS 8 1. 00 03100 INTENSI 1. 00 04000 SUBPROVI 1. 00 04100 SUBPROVI 3. 00 04300 NURSERY ANCI LLARY SER' 1. 00 05100 RECOVER' 2. 00 05200 DELI VER' 3. 00 05400 ANESTHES 4. 00 05401 ULTRASOI 4. 01 05401 ULTRASOI 4. 02 03040 AUDI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 RADI 0L00 6. 00 05600 05600 RADI 0L00 6. 00 05600 05600 05600 6. 00 05600 05600 05600 6. 00 05600 05600 05600 05600 6. 00 05600 05600 05600 05600 05600 6. 00 05600 05600 05600 05600 05600 05600 05600 05600 05600 05600	R PEDIATRICS VE CARE UNIT I DER - I PF I DER - I RF VI CE COST CENTERS NG ROOM	-3, 043 0 -3, 246 0	3, 081, 912 1, 865, 485 2, 652, 673 479, 840				31.00
1. 00 03100 INTENSI NO 04000 SUBPROVI 1. 00 04100 SUBPROVI 3. 00 04300 NURSERY ANCI LLARY SER 1. 00 05100 RECOVER 2. 00 05200 DELI VER 3. 00 05400 ANESTHE 4. 00 05401 ULTRASOI 4. 01 05401 ULTRASOI 4. 02 03040 ANDI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI OLOG 6. 00 05600 RADI	VE CARE UNIT IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	-3, 043 0 -3, 246 0	3, 081, 912 1, 865, 485 2, 652, 673 479, 840				31.00
0. 00 04000 SUBPROVI 1. 00 04100 SUBPROVI 3. 00 04300 NURSERY ANCI LLARY SER' 05000 OPERATI I 1. 00 05100 RECOVER' 3. 00 05200 DELI VER' 3. 00 05400 ANESTHES 4. 00 05401 ULTRASOI 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLOG 6. 00 05600 RADI OLOG	IDER - IPF IDER - IRF VICE COST CENTERS NG ROOM	-350, 000	1, 865, 485 2, 652, 673 479, 840				
1. 00 04100 SUBPROVI 3. 00 04300 NURSERY ANCI LLARY SER 0. 00 05000 OPERATI I 1. 00 05100 RECOVERY 2. 00 05200 DELI VERY 3. 00 05400 ANESTHES 4. 00 05401 ULTRASOI 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLOG 6. 00 05600 RADI OLOG	IDER - IRF VICE COST CENTERS NG ROOM	-350, 000	2, 652, 673 479, 840				
3. 00 04300 NURSERY	VICE COST CENTERS NG ROOM	-350, 000	479, 840				41.00
0. 00 05000 OPERATI I 1. 00 05100 RECOVER' 2. 00 05200 DELI VER' 4. 00 05300 ANESTHES 4. 00 05400 RADI OLOG 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLOG 6. 00 05600 RADI OLOG	NG ROOM		6 085 108				43.00
1. 00 05100 RECOVER' 2. 00 05200 DELI VER' 3. 00 05300 ANESTHES' 4. 00 05400 RADI OLOG 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLOG 6. 00 05600 RADI OLOG			6 085 108				
2. 00 05200 DELI VER 3. 00 05300 ANESTHES 4. 00 05400 RADI OLOG 4. 01 05401 ULTRASOI 4. 02 03040 AUDI OLOG 5. 00 05600 RADI OLOG	Y ROOM I						50.00
3. 00 05300 ANESTHES 4. 00 05400 RADI OLO(4. 01 05401 ULTRASO(4. 02 03040 AUDI OLO(6. 00 05600 RADI OLS(0	374, 671				51.00
4. 00 05400 RADI OLOG 4. 01 05401 ULTRASOU 4. 02 03040 AUDI OLOG 6. 00 05600 RADI OLOG		0 514 702	1, 066, 470				52.00
4. 01 05401 ULTRASOU 4. 02 03040 AUDI 0L00 6. 00 05600 RADI 0I SO		-2, 514, 782 -39, 021	258, 578 2, 393, 690				53. 00 54. 00
4. 02 03040 AUDI 0L00 6. 00 05600 RADI 0I S0		-34, 021	554, 062				54. 00
6. 00 05600 RADI 0I S0		0	002				54. 02
l .		o	1, 092, 346				56.00
7.00 05700 CT SCAN		0	890, 080				57. 00
	CATHETERI ZATI ON	-23, 991	1, 715, 324				59.00
0. 00 06000 LABORATO		-22, 382	5, 359, 042				60.00
1 1	LOOD & PACKED RED BLOOD CELL	0	778, 887				62.00
1 1	LOTTING FOR HEMOPHILIACS	0	750.040				62. 30
3. 02 06301 NONI NVAS		-112, 597 -500	759, 943				63. 02
5. 00 06500 RESPI RA ⁻ 6. 00 06600 PHYSI CAI		-106, 442	1, 428, 298 3, 061, 215				66.00
7. 00 06700 OCCUPATI		-100, 442	1, 357, 906				67. 00
3. 00 06800 SPEECH F		o n	507, 803				68.00
0. 00 07000 ELECTRO		ol	212, 418				70.00
•	SUPPLIES CHARGED TO PATIENT	O	3, 754, 450				71. 00
	EV. CHARGED TO PATIENTS	o	3, 403, 493				72. 00
3. 00 07300 DRUGS CH		0	2, 790, 154				73. 00
4. 00 07400 RENAL DI		0	832, 596				74.00
5. 01 03480 ONCOLOG		-489, 891	583, 723				75. 01
6. 97 07697 CARDI AC		-28, 746	482, 914				76. 97
5. 98 07698 HYPERBAF 5. 99 07699 LI THOTRI		0	0				76. 98 76. 99
	RVICE COST CENTERS	U	0				1,0.79
0. 00 09000 CLINIC	IL GGG. GENTERO	-4, 036	258, 554				90.00
0. 01 09001 0P PSYCH	-l	0	148, 224				90. 01
I. 00 09100 EMERGENO		-21, 563	3, 908, 839				91.00
	TION BEDS (NON-DISTINCT PART						92. 00
	SABLE COST CENTERS						4
01.00 10100 HOME HEA		0	0				101. 00
	SE COST CENTERS	40 440 01	405 000 15-				446 65
	LS (SUM OF LINES 1 through 117)	-13, 149, 929	125, 932, 483				118. 00
	LE COST CENTERS	ام					100 00
90. 00 19000 GTFT, FI 91. 00 19100 RESEARCH	LOWER, COFFEE SHOP & CANTEEN	0	0 6, 874				190. 00 191. 00
	ANS' PRIVATE OFFICES	0	87, 736				191.00
92. 00 19200 PHYSICIA 94. 00 07950 OTHER NO		0	87, 736				194. 00
94. 00 07954 RETALL F		ol Ol	6, 467, 111				194. 00
94. 03 07951 ADVERTIS		OI.					194. 03

Health Financial Systems	ST. CATHERIN	IE H	IOSPI TAL			In Lieu of Form CMS-255			
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES		Provi der C	CN:	15-0008	Period: From 07/01/2019	Worksheet A		
							Date/Time Pre 11/25/2020 10		
Cost Center Description	Adjustments (See A-8)		et Expenses						

			11/25/2020 10:13 8	am_
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6. 00	7.00		
194. 04 07952 REGENCY HOSPI TAL	0	14, 768	194.	04
194. 05 07953 UNUSED SPACE	0	0	194.	05
200.00 TOTAL (SUM OF LINES 118 through 199)	-13, 149, 929	132, 858, 682	200.	00

 Health Financial Systems
 ST. CATHERINE HOSPITAL
 In Lieu of Form CMS-2552-10

 RECLASSIFICATIONS
 Provider CCN: 15-0008
 Period: Worksheet A-6

From 07/01/2019 To 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am Increases Cost Center 0ther Li ne # Sal ary 2.00 3.00 4.00 5.00 A - BUILDING INSURANCE 1.00 CAP REL COSTS-BLDG & FIXT 1.00 0 111, 701 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 0 10,806 2.00 122, 507 B - RECLASS DRUGS 1.00 DRUGS CHARGED TO PATIENTS 73.00 2, 790, 154 1.00 TOTALS 2, 790, 154 C - CAFETERIA RECLASS CAFETERIA ____ 1.00 11.00 600, 483 499, 032 1.00 TOTALS 600, 483 499, 032 D - RESEARCH RECLASS RESEARCH 1.00 1<u>91.</u>00 6, 874 1.00 TOTALS 6, 874 E - FLOAT NURSING RECLASS 1.00 INTENSIVE CARE UNIT 74, 191 1.00 31.00 0 SUBPROVIDER - IPF 61, 705 40.00 0 2.00 2.00 3.00 SUBPROVIDER - IRF 41.00 75, 031 0 3.00 NURSERY 43.00 4.00 11, 747 0 4.00 DELIVERY ROOM & LABOR ROOM 26, 108 52.00 0 5.00 5.00 6.00 EMERGENCY_ 91.00 97, 150 0 6.00 345, 932 F - RECLASS LABOR AND DELIVERY EXPENSE 1.00 NURSERY 43.00 369, 544 98, 549 1.00 2.00 DELIVERY ROOM & LABOR ROOM 52.00 821, 332 219, 030 2.00 1, 190, 876 317, 579 **TOTALS**

2, 137, 291

175, 939

64, 802

240, 741

3, 976, 887

1.00

2.00

500.00

15.00

60.00

G - RECLASS COVID COSTS

PHARMACY

TOTALS

LABORATORY

500.00 Grand Total: Increases

1.00

2.00

Health Financial Systems RECLASSIFICATIONS ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10

RECLASS	TFTCATTUNS				Provider		From 07/01/2019 To 06/30/2020	Date/Time Pre	epared:
								11/25/2020 10	D: 13 am
			Decreases						
	Cost Cent	er	Li ne #	Sal ary	0ther	Wkst. A-7 Ref			
	6. 00		7. 00	8. 00	9. 00	10.00			

						11/25/2020 10): 13 am_
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10.00		
	A - BUILDING INSURANCE						
1.00	OTHER ADMIN & GENERAL	5. 05	0	122, 507	7 12		1.00
2.00		0.00	0		12		2. 00
	TOTALS		0	122, 507	7		
	B - RECLASS DRUGS						
1.00	PHARMACY	15. 00	0	2, 790, 154	1 0		1. 00
	TOTALS		0	2, 790, 154	1		
	C - CAFETERIA RECLASS						
1.00	DI ETARY	10.00	600, 483	499, 032	2 0		1. 00
	TOTALS		600, 483	499, 032	2		
	D - RESEARCH RECLASS						
1.00	CARDIAC REHABILITATION	76. 97	0	6, 874	1 0		1. 00
	TOTALS			6, 874	1		
	E - FLOAT NURSING RECLASS]
1.00	ADULTS & PEDIATRICS	30.00	345, 932	C	0		1. 00
2.00		0.00	0	C	0		2. 00
3.00		0.00	0	C	0		3. 00
4.00		0.00	0	C	0		4. 00
5.00		0.00	0	C			5. 00
6.00		0.00	0	C			6. 00
	TOTALS		345, 932				
	F - RECLASS LABOR AND DELIVER	RY EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	369, 544	98, 549	9 0		1. 00
2.00	ADULTS & PEDIATRICS	30.00	821, 332	219, 030	00		2. 00
	TOTALS		1, 190, 876	317, 579	9		
	G - RECLASS COVID COSTS						
1.00	OTHER ADMIN & GENERAL	5. 05	0	175, 939	9 0		1. 00
2.00	OTHER ADMIN & GENERAL	5. 05	0	64, 802	2 0		2. 00
	TOTALS		0	240, 741	1		
500.00	Grand Total: Decreases		2, 137, 291	3, 976, 887	7		500.00
		•	·				

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS ST. CATHERINE HOSPITAL

| Period: | Worksheet A-7 | From 07/01/2019 | Part | To 06/30/2020 | Date/Time Prepared: Provi der CCN: 15-0008

Part I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES Purchases Donation Total Disposals and Retirements Purchases Donation Total Disposals and Retirements Purchases Donation Total Disposals and Retirements Purchases Donation Total Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchases Donation Purchase					To	06/30/2020		
Beginning Balances Donation Total Disposals and Retirements Retirements					Acqui si ti ons		11/25/2020 10	: 13 am
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 2.00 3.00 4.00 5.00			Pogi ppi pg	Durchases		Total	Disposals and	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES				rui Cilases	Donation	iotai		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES				2 00	3 00	4 00		
1.00 Land Land 2.831,386 0 0 0 0 0 0 0 0 0		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET		2.00	0.00	11.00	0.00	
2.00 Land Improvements	1.00			0	0	0	0	1.00
3.00 Buildings and Fixtures 40,775,906 0 0 0 0 0 0 0 0 0	2.00	Land Improvements	1	o	0	0	0	2. 00
4.00 Building Improvements 41,371,716 3,936,208 0 3,936,208 0 4.00	3.00		40, 775, 906	o	0	0	0	3.00
Fixed Equipment	4.00		41, 371, 716	3, 936, 208	0	3, 936, 208	0	4. 00
7. 00 HIT designated Assets 0 0 0 0 0 0 7. 00 8. 00 Subtotal (sum of lines 1-7) 131,723,690 7,846,365 0 7,846,365 0 8. 00 9. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.00	Fi xed Equi pment	0	0	0	0	0	5. 00
8.00 Subtotal (sum of lines 1-7) 131,723,690 7,846,365 0 7,846,365 0 0 0 0 0 0 0 0 0	6.00	Movable Equipment	46, 739, 366	3, 910, 157	0	3, 910, 157	0	6. 00
9.00 Reconciling Items 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.00	HIT designated Assets	o	O	0	0	0	7. 00
10.00 Total (line 8 minus line 9) 131,723,690 7,846,365 0 7,846,365 0 10.00	8.00	Subtotal (sum of lines 1-7)	131, 723, 690	7, 846, 365	0	7, 846, 365	0	8. 00
Ending Balance	9.00	Reconciling Items	0	0	0	0	0	9. 00
Depreciated Assets Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Sec	10.00	Total (line 8 minus line 9)	131, 723, 690	7, 846, 365	0	7, 846, 365	0	10.00
Assets 6.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00			Endi ng Bal ance	Fully				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 5, 316 0 0 0 0 0 0 0 0 0								
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 5,316 0 1.00 2.00 Land Improvements 2,831,386 0 2.00 3.00 Buildings and Fixtures 40,775,906 0 3.00 4.00 Building Improvements 45,307,924 0 4.00 5.00 Fixed Equipment 0 0 0 5.00 6.00 Movable Equipment 50,649,523 0 6.00 Movable Equipment 5,00 6.00 HIT designated Assets 0 0 0 7.00 8.00 Subtotal (sum of lines 1-7) 139,570,055 0 8.00 9.00 Reconciling I tems								
1.00 Land 5,316 0 2.00 Land Improvements 2,831,386 0 3.00 Buildings and Fixtures 40,775,906 0 4.00 Building Improvements 45,307,924 0 5.00 Fixed Equipment 0 5.00 6.00 Movable Equipment 50,649,523 0 6.00 7.00 HIT designated Assets 0 0 7.00 8.00 Subtotal (sum of lines 1-7) 139,570,055 0 8.00 9.00 Reconciling Items 0 9.00				7. 00				
2.00 Land Improvements 2,831,386 0 3.00 Buildings and Fixtures 40,775,906 0 4.00 Building Improvements 45,307,924 0 5.00 Fixed Equipment 0 0 6.00 Movable Equipment 50,649,523 0 7.00 HIT designated Assets 0 0 8.00 Subtotal (sum of lines 1-7) 139,570,055 0 9.00 Reconciling Items 0 9.00								
3.00 Buildings and Fixtures 40,775,906 0 3.00 4.00 Building Improvements 45,307,924 0 4.00 5.00 Fixed Equipment 0 0 5.00 Movable Equipment 50,649,523 0 6.00 HIT designated Assets 0 0 0 7.00 Subtotal (sum of lines 1-7) 139,570,055 0 8.00 Reconciling Items 0 0 9.00				0			ļ	
4.00 Building Improvements 45, 307, 924 0 5.00 Fixed Equipment 0 0 5.00 Movable Equipment 50, 649, 523 0 6.00 HIT designated Assets 0 0 7.00 Subtotal (sum of lines 1-7) 139, 570, 055 0 8.00 Reconciling I tems 0 0 9.00				0			ļ	
5.00 Fixed Equipment 0 0 6.00 Movable Equipment 50,649,523 0 7.00 HIT designated Assets 0 0 8.00 Subtotal (sum of lines 1-7) 139,570,055 0 9.00 Reconciling Items 0 0				0			l	1
6.00 Movable Equipment 50,649,523 0 6.00 7.00 HIT designated Assets 0 0 7.00 8.00 Subtotal (sum of lines 1-7) 139,570,055 0 8.00 9.00 Reconciling I tems 0 0 9.00			45, 307, 924	0			l	
7.00 HIT designated Assets 0 0 0 7.00 8.00 Subtotal (sum of lines 1-7) 139,570,055 0 8.00 9.00 Reconciling I tems 0 0 9.00			0	0			l	
8.00 Subtotal (sum of lines 1-7) 139,570,055 0 8.00 9.00 Reconciling I tems 0 0 9.00			50, 649, 523	0			ļ	
9.00 Reconciling I tems 0 9.00			0	0				
			139, 570, 055	0			ļ	
10.00 10Tal (line 8 minus line 9) 139,570,055 0 10.00			0	- 1				
	10.00	liotai (line 8 minus line 9)	[139, 570, 055]	O				10.00

Heal th	Financial Systems	ST. CATHERIN	IE HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	CILIATION OF CAPITAL COSTS CENTERS		Provi der CO	CN: 15-0008	Peri od:	Worksheet A-7	
					From 07/01/2019		
					To 06/30/2020	Date/Time Pre 11/25/2020 10	
			SL	JMMARY OF CAP	I TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
						instructions)	
		9. 00	10.00	11. 00	12. 00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUN	IN 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	2, 452, 541	0		0 0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	3, 102, 013	0		0 0	0	2. 00
3.00	Total (sum of lines 1-2)	5, 554, 554	0		0 0	0	3. 00
		SUMMARY 0	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	SHEET A, COLUN	IN 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FLXT	0	2, 452, 541				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3, 102, 013				2.00
	1 - 1 (1		1			0.00

0 0

2, 452, 541 3, 102, 013 5, 554, 554

1. 00 2. 00 3. 00

1.00 CAP REL COSTS-BLDG & FLX1
2.00 CAP REL COSTS-MVBLE EQUIP
3.00 Total (sum of lines 1-2)

Heal th	Financial Systems	ST. CATHERIN	IE HOSPI TAL		In Lie	u of Form CMS-2	552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 07/01/2019 Fo 06/30/2020	Worksheet A-7 Part III Date/Time Prep 11/25/2020 10:	pared:
		COM	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets	Ratio (see	Insurance	
			Leases	for Ratio (col. 1 - col 2)	instructions)		
		1.00	2.00	3.00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE	NTERS	•				
1.00	CAP REL COSTS-BLDG & FLXT	88, 920, 531	C	88, 920, 53	0. 637103	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50, 649, 524	0	50, 649, 52		0	2.00
3.00	Total (sum of lines 1-2)	139, 570, 055		139, 570, 05		0	3. 00
		ALLOCA ⁻	TION OF OTHER (CAPI TAL	SUMMARY 0	F CAPITAL	
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capi tal -Relate				
			d Costs	through 7)			
	DADT DECONOL.LATION OF CARLEY COOTS OF	6.00	7. 00	8. 00	9. 00	10.00	
1 00	PART III - RECONCILIATION OF CAPITAL COSTS CE CAP REL COSTS-BLDG & FIXT		1 0		2 (04 200	0	1 00
1. 00 2. 00	CAP REL COSTS-BLDG & FIXT	0	Ĭ		2, 604, 399		1. 00 2. 00
3. 00	Total (sum of lines 1-2)	0			3, 678, 479 6, 282, 878		2. 00 3. 00
3.00	Total (Suil Of Titles 1-2)	U	SI SI	JMMARY OF CAPI		U	3.00
			30	DIVINIART OF CAPT	IAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
	·		instructions)	instructions)	Capi tal -Rel ate	of cols. 9	
					d Costs (see	through 14)	
					instructions)		
		11. 00	12. 00	13. 00	14. 00	15. 00	
1 00	PART III - RECONCILIATION OF CAPITAL COSTS CE		444 704			0.747.400	1 00
1.00	CAP REL COSTS BLDG & FLXT	0			0	2, 716, 100	1.00
2. 00 3. 00	CAP REL COSTS-MVBLE EQUIP Total (sum of lines 1-2)	0			0	3, 689, 285	2. 00 3. 00
3.00	Tiotal (Suii Of TitleS 1-2)	0	122,507	1	ار ار	6, 405, 385	3.00

| Period: | Worksheet A-8 | From 07/01/2019 | To 06/30/2020 | Date/Time Prepared: Provi der CCN: 15-0008

				To	06/30/2020	Date/Time Prep 11/25/2020 10:	
				Expense Classification on		1172372020 10.	13 dili
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description		Amount 2.00	Cost Center 3.00		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00		CAP REL COSTS-BLDG & FIXT	4. 00 1. 00	5. 00 0	1. 00
2. 00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
	COSTS-MVBLE EQUIP (chapter 2)		-	ON REE COSTS WIVEEL EQUIT]	
3. 00	Investment income - other (chapter 2)		0		0. 00	0	3. 00
4. 00	Trade, quantity, and time discounts (chapter 8)		0		0. 00	0	4. 00
5.00	Refunds and rebates of		0		0. 00	0	5. 00
6. 00	expenses (chapter 8) Rental of provider space by		0		0. 00	0	6. 00
7. 00	suppliers (chapter 8) Telephone services (pay	A	E7 120	NONPATIENT TELEPHONES	5. 01	0	7. 00
7.00	stations excluded) (chapter 21)	A	-37, 134	NONFATTENT TELEFTIONES	5.01	J	7.00
8. 00	Television and radio service (chapter 21)	A	-1, 528	CAP REL COSTS-MVBLE EQUIP	2. 00	9	8. 00
9. 00 10. 00	Parking Lot (chapter 21)	4.0.2	1 (25 020		0. 00	0	9.00
	Provider-based physician adjustment	A-8-2	-1, 635, 929			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	-4, 030, 549			0	12. 00
13. 00 14. 00	Laundry and linen service Cafeteria-employees and guests		0		0. 00 0. 00	0	13. 00 14. 00
15. 00	Rental of quarters to employee	1	0		0.00	0	15. 00
16. 00	and others Sale of medical and surgical supplies to other than		0		0. 00	0	16. 00
	patients						
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	О	18. 00
19. 00	Nursing and allied health education (tuition, fees,		0		0. 00	0	19. 00
20. 00	books, etc.) Vending machines		0		0. 00	0	20. 00
21. 00	Income from imposition of interest, finance or penalty		0		0. 00	0	21. 00
00.00	charges (chapter 21)				0.00		00.00
22. 00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0. 00	0	22. 00
23. 00	Adjustment for respiratory	A-8-3	0	RESPIRATORY THERAPY	65. 00		23. 00
	therapy costs in excess of limitation (chapter 14)						
24. 00	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
25 00	limitation (chapter 14)			*** C+ C+ D- -+ ***	114 00		25 00
25. 00	Utilization review - physicians' compensation		U	*** Cost Center Deleted ***	114. 00		25. 00
26. 00	(chapter 21) Depreciation - CAP REL	A	92.344	CAP REL COSTS-BLDG & FLXT	1. 00	9	26. 00
27. 00	COSTS-BLDG & FIXT Depreciation - CAP REL		. 0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
	COSTS-MVBLE EQUIP						
28. 00 29. 00	Non-physician Anesthetist Physicians' assistant		0	NONPHYSICIAN ANESTHETISTS	19. 00 0. 00	0	28. 00 29. 00
30. 00	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
30. 99	Himitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	,	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of limitation (chapter 14)						
32. 00	CAH HIT Adjustment for Depreciation and Interest		0		0. 00	0	32. 00
33. 00	OTHER OPERATING REVENUE	В	-28, 746	CARDIAC REHABILITATION	76. 97	0	33. 00

Provider CCN: 15-0008 Peri od: Worksheet A-8

				Т	o 06/30/2020	Date/Time Prep 11/25/2020 10:	
				Expense Classification on	Worksheet A	1172372020 10.	15 4111
				To/From Which the Amount is			
				To Troil will cir the Amount 13	to be haj astea		
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	cost center bescription	1. 00	2.00	3.00	4. 00	5. 00	
33. 07	LAB REVENUE	B		LABORATORY	60.00	5.00	33. 07
33. 12	OFFSET OTHER REVENUE	В	·	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	
	1	В		l e e e e e e e e e e e e e e e e e e e		0	33. 12
33. 13	OTHER OPERATING REVENUE			MAINTENANCE OF PERSONNEL	4. 01	- 1	33. 13
33. 14	OTHER INCOME	В		CLINIC	90.00	0	
33. 15	OTHER INCOME	В		RESPIRATORY THERAPY	65.00	0	33. 15
33. 16	OFFSET INTERCO REVENUE	В	·	NONI NVASI VE LAB	63. 02	0	33. 16
33. 19	OTHER REVENUE ADD BACK FOR	В	18, 439	OTHER ADMIN & GENERAL	5. 05	0	33. 19
	2020	_				_	
33. 20	OTHER OPER REV	В		CARDIAC CATHETERIZATION	59. 00	0	33. 20
33. 21	CAFETERI A REVENUE	В	·	CAFETERI A	11. 00	0	33. 21
33. 23	OTHER OPER REVENUE	В	-18, 475	PURCHASING RECEIVING AND	5. 02	0	33. 23
				STORES			
33. 26	OTHER OPERATING REVENUE	В		CAFETERI A	11. 00	0	33. 26
33. 28	OTHER OPERATING REVENUE	В	-40, 645	OPERATION OF PLANT	7. 00	0	33. 28
33. 29	OFFSET OTHER REVENUE	В	-226	MAINTENANCE & REPAIRS	6. 00	0	33. 29
33. 30	RELEASED TEMP REST OP	В	-15, 556	LAUNDRY & LINEN SERVICE	8.00	0	33. 30
33. 31	RELEASED TEMP REST INCOME	В	-3, 246	SUBPROVIDER - IRF	41.00	0	33. 31
33. 33	RELEASED TEMP REST INCOME	В	-919	ADULTS & PEDIATRICS	30.00	0	33. 33
33. 34	RELEASED TEMP REST INCOME	В	-1, 509	MEDICAL RECORDS & LIBRARY	16. 00	O	33. 34
33. 37	RELEASED TEMP REST INCOME	В	-1, 959	ADULTS & PEDIATRICS	30.00	0	33. 37
34.00	OFFSET TELEPHONE DEPRECIATION	l A l	-35	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.00
35. 00	CRNA SALARIES	A		ANESTHESI OLOGY	53.00	0	35. 00
35. 01	OFFSET BENEFITS CRNA/ANEST	A		EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	35. 01
35. 02	OFFSET BENEFITS FOR ANEST/CRNA			ANESTHESI OLOGY	53.00	0	35. 02
35. 03	OFFSET ANESTHESIA OTHER	В		ANESTHESI OLOGY	53.00	0	35. 03
00.00	REVENUE		1,000	/ WEST WEST SESS!	00.00	Ŭ	00.00
36. 00	OFFSET CONTRIBUTION EXPENSE	A	-1 089 920	OTHER ADMIN & GENERAL	5. 05	0	36. 00
37. 00	OFFSET WOUND CLINIC NP	A		PHYSI CAL THERAPY	66.00	0	37. 00
38. 00	OFFSET MEDICAL STAFF FEES	В	·	OTHER ADMIN & GENERAL	5. 05	0	38. 00
38. 01	OFFSET OTHER ANEST PHYS COSTS	A		ANESTHESI OLOGY	53.00	0	38. 01
40. 00	MDWI SE ADD BACK	Ä	·	OTHER ADMIN & GENERAL	5. 05	0	40. 00
45. 00	OFFSET OTHER INCOME	B	·	RADI OLOGY-DI AGNOSTI C	54.00	0	45. 00
46. 00	ELIMINATE PHYSICIAN COSTS	A	·	OTHER ADMIN & GENERAL	5. 05	0	46. 00
	II	1					
46. 01	OFFSET SURGERY PART B	A	-350, 000	OPERATING ROOM	50. 00	0	46. 01
46. 02	PHYSICIAN FEES OFFSET RADIOLOGY PART B	A	22 0/1	RADI OLOGY-DI AGNOSTI C	54.00	0	46. 02
40. 02		A	-22,001	RADI OLOGI - DI AGNOSTI C	34.00	U	40. 02
16 04	PHYSICIAN FE	A	470 147	ONCOLOCY	75 01	0	16 04
46. 04	OFFSET ONCOLOGY PHYSICIAN COSTS	A	-4/9, 16/	ONCOLOGY	75. 01	0	46. 04
50. 00	TOTAL (sum of lines 1 thru 49)		12 140 020				50. 00
SU. UU	,		-13, 149, 929				30.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

⁽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: 15-0008 Period: From 07/01/2019 To 06/30/2020 Date/Time Prepared:

					11/25/2020 10): 13 am
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAI MED	l
	HOME OFFICE COSTS:					l
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION BLDG	59, 514	0	1.00
2.00	2. 00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION EQUIP	578, 029	0	2. 00
3.00	5. 05	OTHER ADMIN & GENERAL	A&G OTHER	4, 801, 072	19, 267, 011	3. 00
3.01	5. 01	NONPATIENT TELEPHONES	TELECOMMUNI CATI ONS	388, 968	0	3. 01
3.02	16. 00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1, 551, 346	0	3. 02
3.03	5. 04	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTING	1, 988, 059	0	3. 03
3.04	4. 00	EMPLOYEE BENEFITS DEPARTMENT	ALLOCATED BENEFIT COSTS	972, 573	0	3. 04
3.05	5. 05	OTHER ADMIN & GENERAL	ALLOCATED SALARY COSTS	4, 811, 340	0	3. 05
4.00	13. 00	NURSING ADMINISTRATION	CANCER REGISTRY	85, 561	0	4. 00
5.00	TOTALS (sum of lines 1-4).			15, 236, 462	19, 267, 011	5. 00
	Transfer column 6, line 5 to					l
	Worksheet A-8, column 2,					l
	line 12.					

* 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	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
	, , , , , , , , , , , , , , , , , , ,		Ownershi p		Ownershi p	
	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.

	Comonit under the Arrive					
6.00	G	CFNI	100.00	CFNI	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	FI NANCI AL				100.00
	non-financial) specify:				1	

- (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.

Heal th	Financial Syste	ems		ST.	CATHERI NE H	HOSPI TAL			In Lie	u of Form CMS	-2552-10
STATEME	NT OF COSTS OF	SERVICES FROM	RELATED ORGA	NI ZATI ONS	AND HOME	Provi der	CCN:	15-0008	Peri od:	Worksheet A-	8-1
OFFICE	COSTS								From 07/01/2019		
									To 06/30/2020		epared:
	N = ±	WI+ A 7 D-6								11/25/2020 1	0: 13 am
	* *	Wkst. A-7 Ref.									
	Adjustments										
	(col. 4 minus										
	col. 5)*										
	6. 00	7. 00									
	A. COSTS INCUR	RED AND ADJUST	MENTS REQUIRE	D AS A RE	SULT OF TRA	NSACTI ONS	WI TH	RELATED C	ORGANI ZATI ONS OR	CLAI MED	
	HOME OFFICE CO:	STS:									
1.00	59, 514	9									1.00
2.00	578, 029	9									2.00
3.00	-14, 465, 939	0									3.00
3. 01	388, 968	0									3. 01
3.02	1, 551, 346	0									3. 02
3.03	1, 988, 059	0									3. 03
3.04	972, 573	0									3. 04
3.05	4, 811, 340	0									3. 05
4.00	85, 561	0									4. 00
5.00	-4, 030, 549										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.

 	cordinate i dilayor 2, the dimedite difference of our a be friended in our dimit i or time parti-	
Related Organization(s)		
and/or Home Office		
Type of Business		
6. 00		
B. INTERRELATIONSHIP TO RELAT	TED 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.

	HEALTHCARE HOME OFFICE	6.00
7.00		7.00
8.00		8.00
8. 00 9. 00 10. 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.
- $\hbox{B. Corporation, partnership, or other organization has financial interest in provider}.$
- 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 CCN: 15-0008

Peri od: From 07/01/2019 To 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component		11/25/2020 10 Physician/Prov ider Component	
				·	·		Hours	
1.00	1. 00	2.00	3.00	4.00	5. 00	6. 00	7. 00	1 00
1. 00	5.05	AGGREGATE-OTHER ADMIN & GENERAL	28, 500	0	28, 500	211, 500	285	1. 00
2.00	13. 00	AGGREGATE-NURSI NG ADMI NI STRATI ON	6, 441	0	6, 441	211, 500	57	2. 00
3.00	16. 00	AGGREGATE-MEDI CAL RECORDS & LI BRARY	11, 050	0	11, 050	211, 500	111	3. 00
4.00	30. 00	AGGREGATE-ADULTS & PEDIATRICS	13, 425	0	13, 425	211, 500	134	4. 00
5. 00	31. 00	AGGREGATE-INTENSIVE CARE UNIT	20, 736	0	20, 736	211, 500	174	5. 00
6. 00 7. 00		AGGREGATE-ANESTHESI OLOGY AGGREGATE-RADI OLOGY-DI AGNOST I C	1, 542, 281 24, 752			0 271, 900	0 104	
8. 00	59. 00	AGGREGATE-CARDI AC CATHETERI ZATI ON	43, 427	0	43, 427	211, 500	199	8. 00
9.00		AGGREGATE-LABORATORY	52, 750		52, 750		264	
10.00		AGGREGATE-ONCOLOGY	20, 181		20, 181	211, 500	93	
11. 00 12. 00		AGGREGATE EMERGENCY	15, 000		15, 000 0	211, 500	112	
200.00	91.00	AGGREGATE-EMERGENCY	21, 563 1, 800, 106			0	0 1,533	12. 00 200. 00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	200.00
		l denti fi er	Limit	Unadjusted RCE Limit	Memberships & Continuing Education	Component Share of col. 12	of Malpractice Insurance	
	1. 00	2.00	8. 00	9. 00	12. 00	13. 00	14.00	
1. 00	5. 05	AGGREGATE-OTHER ADMIN &	28, 980	1, 449	0	0	0	1. 00
2.00	13. 00	GENERAL AGGREGATE-NURSING ADMINISTRATION	5, 796	290	0	0	0	2. 00
3.00	16. 00	AGGREGATE-MEDICAL RECORDS & LIBRARY	11, 287	564	0	0	0	3. 00
4. 00	30. 00	AGGREGATE-ADULTS & PEDIATRICS	13, 625	681	0	0	0	4. 00
5.00	31. 00	AGGREGATE-INTENSIVE CARE UNIT	17, 693	885	0	0	0	5. 00
6. 00 7. 00		AGGREGATE-ANESTHESI OLOGY AGGREGATE-RADI OLOGY-DI AGNOST I C	0 13, 595		-	0	0	
8. 00	59. 00	AGGREGATE-CARDI AC CATHETERI ZATI ON	20, 235	1, 012	0	0	0	8. 00
9.00	60. 00	AGGREGATE-LABORATORY	33, 038	1, 652	0	0	0	9. 00
10.00		AGGREGATE-ONCOLOGY	9, 457			0	0	10. 00
11. 00		AGGREGATE - CLI NI C	11, 388			0	0	11.00
12. 00 200. 00	91.00	AGGREGATE-EMERGENCY	0 165, 094			0	0	12. 00 200. 00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	J	200.00
		I denti fi er	Component Share of col.	Limit	Di sal I owance	•		
			14					
1. 00	1.00	2.00 AGGREGATE-OTHER ADMIN &	15. 00	16. 00 28, 980	17. 00	18. 00		1. 00
2. 00		GENERAL AGGREGATE-NURSING	0			645		2. 00
3. 00		ADMINISTRATION AGGREGATE-MEDICAL RECORDS &	0	,		0		3. 00
4. 00	30. 00	LI BRARY AGGREGATE-ADULTS &	0			0		4. 00
5. 00	31. 00	PEDIATRICS AGGREGATE-INTENSIVE CARE	0	17, 693	3, 043	3, 043		5. 00
6. 00 7. 00		UNI T AGGREGATE-ANESTHESI OLOGY AGGREGATE-RADI OLOGY-DI AGNOST	0		_	1, 542, 281 11, 157		6. 00 7. 00
8. 00		I C AGGREGATE-CARDI AC	0			23, 192		8. 00
9. 00		CATHETERI ZATI ON AGGREGATE-LABORATORY	0			19, 712		9. 00
10. 00		AGGREGATE-ONCOLOGY		1		10, 724		10.00
11. 00		AGGREGATE-CLI NI C	0			3, 612		11. 00
12. 00	91. 00	AGGREGATE-EMERGENCY	0	1	_	21, 563		12. 00
200. 00			0	165, 094	72, 085	1, 635, 929		200. 00

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0008 Peri od: Worksheet B From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am CAPITAL RELATED COSTS MAINTENANCE OF Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP **EMPLOYEE** for Cost **BENEFITS** PERSONNEL DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 4. 01 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 2, 716, 100 2, 716, 100 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 3, 689, 285 3, 689, 285 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 8, 872, 123 2, 259 520 8, 874, 902 4.00 00401 MAINTENANCE OF PERSONNEL 4 01 12, 171 52, 490 528, 093 463, 432 0 4 01 00540 NONPATIENT TELEPHONES 5.01 331, 829 5, 374 0 0 5.01 5.02 00560 PURCHASING RECEIVING AND STORES 316, 208 50, 949 1, 140 49, 224 5, 152 5.02 16, 379 5.03 00570 ADMITTING 1, 113, 263 22, 082 348 162, 467 5.03 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 1, 988, 059 5 04 C0 5 04 5.05 00590 OTHER ADMIN & GENERAL 16, 913, 933 250, 384 118, 721 716, 389 30, 796 5.05 00600 MAINTENANCE & REPAIRS 3, 726, 405 381, 608 131, 925 213, 537 6.00 11,651 6.00 00700 OPERATION OF PLANT 4, 484, 263 112, 441 34, 951 155, 769 7.00 10, 249 7.00 00800 LAUNDRY & LINEN SERVICE 686, 325 10, 428 16, 617 1, 744 8.00 1.549 8.00 9.00 00900 HOUSEKEEPI NG 2, 422, 197 45, 837 16, 212 310, 223 34,036 9.00 01000 DI ETARY 10.00 1,885,353 72, 227 46, 316 173, 210 17, 582 10.00 01100 CAFETERI A 27, 014 101, 014 815, 508 11.00 11.00 29, 269 10, 255 12 00 01200 MAINTENANCE OF PERSONNEL C Ω 12.00 13, 990 01300 NURSING ADMINISTRATION 1,083,260 119, 954 134, 669 5, 751 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY Ω 14.00 01500 PHARMACY 15.00 6.547.254 26, 486 140, 499 308, 268 11, 246 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 1,584,332 15, 981 0 0 16.00 01700 SOCIAL SERVICE 17.00 17.00 C 0 0 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 14, 154, 656 417, 856 209, 513 1, 969, 746 122, 134 30.00 03100 INTENSIVE CARE UNIT 58, 914 117, 989 413, 349 31.00 3, 081, 912 21, 239 31.00 04000 SUBPROVIDER - IPF 40.00 1, 865, 485 47, 924 41, 262 272.835 17,663 40.00 04100 SUBPROVI DER - I RF 41.00 2, 652, 673 90, 429 61, 100 303.578 21, 482 41.00 04300 NURSERY 479,840 43.00 13, 524 64, 141 3, 364 43.00 ANCILLARY SERVICE COST CENTERS 6, 085, 108 50.00 05000 OPERATING ROOM 200, 604 538, 637 28, 048 50.00 646, 294 51.00 05100 RECOVERY ROOM 374, 671 7, 748 948 54, 957 2, 424 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 1,066,470 30,066 0 142, 557 7, 476 52.00 05300 ANESTHESI OLOGY 258, 578 59, 997 53.00 2.042 4.448 53.00 05400 RADI OLOGY-DI AGNOSTI C 2, 393, 690 17, 881 56, 616 442, 131 286, 988 54.00 54.00 6, 854 54.01 05401 ULTRASOUND 554,062 104, 672 64,033 2, 249 54.01 54.02 03040 AUDI OLOGY 54.02 0 05600 RADI OI SOTOPE 1, 092, 346 9, 841 49, 005 82, 202 56 00 2,723 56 00 57.00 05700 CT SCAN 890,080 7, 742 154, 293 73, 401 3, 838 57.00 59.00 05900 CARDIAC CATHETERIZATION 1, 715, 324 40, 067 421, 231 168, 205 7, 302 59.00 60.00 06000 LABORATORY 5, 359, 042 63, 075 200,060 398, 461 25, 980 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 778, 887 1, 072 62 00 4, 697 39, 042 18, 353 62 00 62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 62.30 06301 NONI NVASI VE LAB 759, 943 13, 498 220, 247 107, 156 5, 732 63.02 63.02 06500 RESPIRATORY THERAPY 65.00 1, 428, 298 10, 952 58, 106 186, 296 10, 305 65.00 67, 038 355, 750 06600 PHYSI CAL THERAPY 66.00 66.00 3, 061, 215 24, 655 17, 227 67.00 06700 OCCUPATIONAL THERAPY 1, 357, 906 19, 012 6, 381 128, 042 6,068 67.00 06800 SPEECH PATHOLOGY 507, 803 58, 276 68.00 3,606 10,504 2,529 68.00 07000 ELECTROENCEPHALOGRAPHY 16, 274 32, 744 26, 798 70.00 212, 418 1,832 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 3, 754, 450 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 3, 403, 493 0 0 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73.00 2, 790, 154 0 0 0 73.00 07400 RENAL DIALYSIS 74 00 832, 596 5, 374 74 00 0 0 0 75. 01 03480 ONCOLOGY 583, 723 38, 835 4, 408 69, 243 4,006 75.01 07697 CARDIAC REHABILITATION 482, 914 76.97 35, 421 21, 487 74.076 3,670 76.97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76. 98 C 0 07699 LI THOTRI PSY 76. 99 0 76.99 0 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLI NI C 258, 554 27,073 406 37, 194 1,047 90.00 90.01 09001 OP PSYCH 22, 351 1,003 90.01 148, 224 10, 160 C 09100 EMERGENCY 91.00 3, 908, 839 64, 102 87.421 497, 977 27, 812 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 0 101.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES NONREIMBURSABLE COST CENTERS 1 through 117) 125, 932, 483 2, 420, 830 3, 653, 045 8, 808, 479 525, 395 118. 00

7, 129

6,874

0 0

0

0 190 00

0 191.00

191. 00 19100 RESEARCH

190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN

Health Financial Systems	ST. CATHERIN	ST. CATHERINE HOSPITAL			In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 15-0008		Peri od: From 07/01/2019 To 06/30/2020 Worksheet B Part I Date/Time Prepare 11/25/2020 10:13				
		CAPITAL RELATED COSTS						
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	MAINTENANCE OF PERSONNEL			
	0	1.00	2.00	4. 00	4. 01			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	87, 736	165, 751		0 0	0	192. 00		
194.00 07950 OTHER NON REIM COST CENTER	O	0		0	0	194. 00		
194.01 07954 RETAIL PHARMACY	6, 467, 111	6, 848	34, 90	66, 367	2, 698	194. 01		
194. 03 07951 ADVERTI SI NG EXPENSE	349, 710	9, 943		0 56	0	194. 03		
194. 04 07952 REGENCY HOSPI TAL	14, 768	105, 599	1, 33	55 0	0	194. 04		
194. 05 07953 UNUSED SPACE	o	0		0	0	194. 05		
200.00 Cross Foot Adjustments						200. 00		
201 00 Negative Cost Centers					ما ا	201 00		

132, 858, 682

Negative Cost Centers TOTAL (sum lines 118 through 201)

201.00 202.00

2, 716, 100

8, 874, 902

3, 689, 285

0 201. 00 528, 093 202. 00

				1	o 06/30/2020	Date/lime Pre 11/25/2020 10	
	Cost Center Description	NONPATI ENT	PURCHASI NG	ADMI TTI NG	CASHI ERI NG/ACC	Subtotal	10 0
		TELEPHONES	RECEIVING AND		OUNTS		
		5. 01	STORES 5. 02	5. 03	RECEI VABLE 5. 04	5A. 04	
	GENERAL SERVICE COST CENTERS	3.01	3.02	3.03	3.04	JA. 04	
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
4. 01 5. 01	00401 MAI NTENANCE OF PERSONNEL 00540 NONPATI ENT TELEPHONES	337, 203					4. 01 5. 01
5. 01	00560 PURCHASING RECEIVING AND STORES	5, 137	427, 810				5. 02
5. 03	00570 ADMITTING	5, 137	944				5. 03
5.04	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	1, 988, 059		5. 04
5.05	00590 OTHER ADMIN & GENERAL	61, 337	1, 629			18, 093, 189	1
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	2, 115 5, 439	822 185	•	0	4, 468, 063 4, 803, 297	1
8. 00	00800 LAUNDRY & LINEN SERVICE	604	142	•	0	717, 409	
9. 00	00900 HOUSEKEEPI NG	3, 626		•		2, 833, 453	1
10.00	01000 DI ETARY	7, 252	7, 032	0	O	2, 208, 972	10. 00
11.00	01100 CAFETERI A	0	4, 101		1	987, 161	
12. 00 13. 00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	0 906	0	1		1 250 741	12.00
14. 00	01400 CENTRAL SERVICES & SUPPLY	906	1, 231 0			1, 359, 761 0	13. 00 14. 00
15. 00	01500 PHARMACY	9, 971	7, 603		l o	7, 051, 327	1
16.00	01600 MEDICAL RECORDS & LIBRARY	5, 439	0		0	1, 605, 752	
17. 00	01700 SOCIAL SERVICE	0	0			0	
19. 00	01900 NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0	19. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	66, 776	68, 656	171, 473	258, 148	17, 438, 958	30.00
31. 00	03100 INTENSIVE CARE UNIT	8, 762	21, 243	1	26, 723	3, 767, 882	
40.00	04000 SUBPROVI DER - I PF	4, 230				2, 339, 253	
41.00	04100 SUBPROVI DER - I RF	17, 223	9, 579	17, 747	26, 718	3, 200, 529	41. 00
43.00	04300 NURSERY	0	0	4, 718	7, 103	572, 690	43. 00
EO 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	21 452	68, 893	111 742	140 225	7 940 004	E0 00
50. 00 51. 00	05100 RECOVERY ROOM	21, 453 1, 209				7, 869, 004 458, 753	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0,0			1, 272, 844	
53.00	05300 ANESTHESI OLOGY	1, 813	9, 944			374, 334	
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 180				3, 355, 010	
54. 01	05401 ULTRASOUND	2, 417	4, 387			785, 020	
54. 02 56. 00	03040 AUDI OLOGY 05600 RADI OI SOTOPE	0 2, 719	0 835		0 37, 312	0 1, 301, 767	54. 02 56. 00
57. 00	05700 CT SCAN	1, 209		1		1, 315, 619	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	16, 316				2, 547, 498	
60.00	06000 LABORATORY	17, 525				6, 576, 056	1
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2, 115	7, 930	7, 460	11, 231	870, 787	62.00
62. 30 63. 02	06250 BLOOD CLOTTING FOR HEMOPHILIACS 06301 NONINVASIVE LAB	0 2, 417	1 541	0 24 270	54, 766	0 1, 201, 678	
65. 00	06500 RESPIRATORY THERAPY	3, 022	1, 541 8, 264			1, 765, 713	1
66. 00	06600 PHYSI CAL THERAPY	10, 878				3, 625, 618	
67. 00	06700 OCCUPATI ONAL THERAPY	0	872			1, 554, 595	67. 00
68. 00	06800 SPEECH PATHOLOGY	604				592, 606	
70.00	07000 ELECTROENCEPHALOGRAPHY	2, 115				320, 068	
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			3, 819, 970 3, 456, 324	
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0			3, 230, 057	
74.00	07400 RENAL DIALYSIS	0	507			861, 978	
75. 01	03480 ONCOLOGY	604	3, 816	7, 943		724, 535	1
76. 97	07697 CARDI AC REHABI LI TATI ON	2, 417	416			624, 517	
76. 98 76. 99	07698 HYPERBARI C OXYGEN THERAPY 07699 LI THOTRI PSY	0	0			0	
70. 99	OUTPATIENT SERVICE COST CENTERS	U	0	0	l ol	0	70.99
90.00	09000 CLINIC	0	472	1, 030	1, 551	327, 327	90.00
90. 01	09001 OP PSYCH	0	5			185, 597	
91. 00	09100 EMERGENCY	12, 690	37, 059	163, 435	246, 048	5, 045, 383	
92. 00	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART					0	92.00
101 00	OTHER REIMBURSABLE COST CENTERS 10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
101.00	SPECIAL PURPOSE COST CENTERS	U	0	0	<u> </u>	0	101.00
118.00		316, 657	426, 858	1, 320, 620	1, 988, 059	125, 510, 354	118. 00
	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
	19100 RESEARCH	0	0		0		191. 00
	19200 PHYSICIANS' PRIVATE OFFICES 07950 OTHER NON REIM COST CENTER	604 0	0			254, 091 0	194. 00
	07954 RETAIL PHARMACY	0	909	-	o	6, 578, 838	
	07951 ADVERTI SI NG EXPENSE	1, 511	6		o	361, 226	

Health Financial Systems

ST. CATHERINE HOSPITAL

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008
From 07/01/2019
To 06/30/2020
Date/Time Prepared:
11/25/2020 10:13 am

					11/25/2020 10	<u>: 13 am</u>
Cost Center Description	NONPATI ENT	PURCHASI NG	ADMITTING	CASHI ERI NG/ACC	Subtotal	
	TELEPHONES	RECEIVING AND		OUNTS		
		STORES		RECEI VABLE		
	5. 01	5. 02	5. 03	5. 04	5A. 04	
194. 04 07952 REGENCY HOSPI TAL	18, 431	37	C	0	140, 170	194. 04
194. 05 07953 UNUSED SPACE	0	0	C	0	0	194. 05
200.00 Cross Foot Adjustments					0	200. 00
201.00 Negative Cost Centers	0	0	C	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	337, 203	427, 810	1, 320, 620	1, 988, 059	132, 858, 682	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 07/01/2019 | Part I | To 06/30/2020 | Date/Time Prepared: | 11/25/2020 10:13 am

	Cost Center Description	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	11/25/2020 10 HOUSEKEEPI NG	
		GENERAL 5. 05	REPAI RS 6. 00	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	
	GENERAL SERVICE COST CENTERS	3.03	0.00	7.00	0. 00	7.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUI P						2.00
4. 00 4. 01	OO4OO EMPLOYEE BENEFITS DEPARTMENT OO4O1 MAINTENANCE OF PERSONNEL						4. 00 4. 01
5. 01	00540 NONPATI ENT TELEPHONES						5. 01
5. 02	00560 PURCHASING RECEIVING AND STORES						5. 02
5.03	00570 ADMI TTI NG						5. 03
5. 04	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	10 002 100					5. 04
5. 05 6. 00	OO590 OTHER ADMIN & GENERAL OO600 MAINTENANCE & REPAIRS	18, 093, 189 704, 408	5, 172, 471				5. 05 6. 00
7. 00	00700 OPERATION OF PLANT	757, 259					7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	113, 102			890, 085		8. 00
9. 00	00900 HOUSEKEEPI NG	446, 705			0		1
10.00	01000 DI ETARY	348, 253			0		1
11. 00 12. 00	01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL	155, 630	76, 027 0		0	37, 329 0	1
13. 00	01300 NURSING ADMINISTRATION	214, 372	_	-	0		1
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500 PHARMACY	1, 111, 670			0	12, 665	1
16.00	01600 MEDI CAL RECORDS & LI BRARY	253, 153	41, 511	1	0		1
17. 00 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0	0		0	0	
17.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	19.00
30.00	03000 ADULTS & PEDI ATRI CS	2, 749, 271	1, 085, 413	1, 301, 644	299, 499	940, 122	30.00
31. 00	03100 INTENSIVE CARE UNIT	594, 022	153, 032		43, 193		1
40.00	04000 SUBPROVI DER - I PF	368, 793			42, 692		1
41. 00 43. 00	04100 SUBPROVI DER - RF 04300 NURSERY	504, 576 90, 287	234, 895 35, 129		67, 855 10, 510		1
43.00	ANCI LLARY SERVI CE COST CENTERS	70, 207	33, 129	42, 127	10, 510	0, 222	43.00
50.00	05000 OPERATI NG ROOM	1, 240, 580	521, 082	624, 887	123, 697	440, 620	50.00
51. 00	05100 RECOVERY ROOM	72, 324	20, 126		26, 409		1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	200, 669	78, 099	· ·	28, 281	0	
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	59, 015 528, 931	5, 305 147, 064		0 24, 866	0 149, 451	
54. 01	05401 ULTRASOUND	123, 762			24, 576		
54. 02	03040 AUDI OLOGY	0	0		0	l	1
56. 00	05600 RADI OI SOTOPE	205, 229			9, 132	1	56. 00
57. 00	05700 CT SCAN	207, 413	20, 109		10.274	0 425	
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	401, 623 1, 036, 742			18, 264 0	92, 435 98, 878	
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	137, 283			0	0 70, 070	1
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	1
63. 02	06301 NONI NVASI VE LAB	189, 449	35, 063		7, 519		
65. 00	06500 RESPI RATORY THERAPY	278, 372			10.5(2)	19, 109	
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	571, 593 245, 088			18, 562 0	133, 008 0	1
	06800 SPEECH PATHOLOGY	93, 427	9, 367		0	•	1
70.00	07000 ELECTROENCEPHALOGRAPHY	50, 460			11, 403	14, 021	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	602, 234	0		0	0	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	544, 903	0	0	0	0	
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	509, 231 135, 894	13, 959	16, 739	0	4, 222	
75. 01	03480 ONCOLOGY	114, 226			0	42, 440	1
76. 97	07697 CARDI AC REHABILI TATI ON	98, 458			0	9, 999	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0	0	1
76. 99	07699 LI THOTRI PSY	0	0	0	0	0	76. 99
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	51, 604	70, 324	84, 333	2, 866	7, 777	90.00
90. 01	09001 OP PSYCH	29, 260			2,000		1
91.00	09100 EMERGENCY	795, 425	166, 510		70, 291	471, 172	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
404.00	OTHER REIMBURSABLE COST CENTERS	1	_	1		_	101 00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101. 00
118. 00		16, 934, 696	4, 405, 486	4, 932, 852	829, 615	3, 180, 308	118. 00
100.00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1 104	10 510	22.207		12 000	190. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	1, 124 1, 084		22, 207 0	0		190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	40, 058		_	0	l	192.00
194.00	07950 OTHER NON REIM COST CENTER	0	0	0	0	0	194. 00
	07954 RETAIL PHARMACY	1, 037, 180			0		194. 01
	07951 ADVERTI SI NG EXPENSE	56, 949			60 470		194. 03
194.04	07952 REGENCY HOSPI TAL	22, 098	274, 301	328, 944	60, 470	325, 699	1174. U4

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0008	Peri od: From 07/01/2019 Worksheet B Part I To 06/30/2020 Date/Ti me Prepared: 11/25/2020 10:13 am

						11/23/2020 10	. IS alli
	Cost Center Description	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		GENERAL	REPAI RS	PLANT	LINEN SERVICE		
		5. 05	6. 00	7. 00	8. 00	9. 00	
194. 05 07953	UNUSED SPACE	0	0	0	0	0	194. 05
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)	18, 093, 189	5, 172, 471	5, 852, 628	890, 085	3, 542, 004	202.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 07/01/2019 | Part |
| To 06/30/2020 | Date/Time Prepared: | 11/25/2020 10:13 am

						11/25/2020 10	
	Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE OF		CENTRAL	
				PERSONNEL	ADMI NI STRATI ON	SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS BLDG & FIXT						1.00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
4. 01	00401 MAI NTENANCE OF PERSONNEL						4. 01
5. 01	00540 NONPATIENT TELEPHONES						5. 01
5. 02	00560 PURCHASING RECEIVING AND STORES						5. 02
5.03	00570 ADMITTING						5. 03
5.04	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 04
5. 05	00590 OTHER ADMIN & GENERAL						5. 05
6.00	00600 MAI NTENANCE & REPAI RS						6. 00
7.00	00700 OPERATION OF PLANT						7.00
8. 00 9. 00	O0800 LAUNDRY & LINEN SERVICE O0900 HOUSEKEEPING						8. 00 9. 00
10. 00	01000 DI ETARY	3, 084, 038					10.00
11. 00	01100 CAFETERI A	0,001,000	1, 347, 319				11. 00
12.00	01200 MAI NTENANCE OF PERSONNEL	0	, ,	o			12.00
13.00	01300 NURSING ADMINISTRATION	0	19, 853	3 О	1, 685, 902		13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	C	0	0	0	14. 00
15. 00	01500 PHARMACY	0	38, 825	0	0	0	15. 00
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	(0	0	0	16.00
17. 00 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0	(1 "	0	0	17. 00 19. 00
19.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	U _I		<u> </u>	U U	0	19.00
30. 00	03000 ADULTS & PEDI ATRI CS	2, 096, 923	421, 673	3 0	780, 966	0	30.00
31. 00	03100 INTENSIVE CARE UNIT	103, 441	73, 326		135, 813	0	31. 00
40.00	04000 SUBPROVI DER - I PF	245, 456	60, 980	o o		0	40. 00
41.00	04100 SUBPROVI DER - I RF	371, 582	74, 165	5 0	137, 349	0	41. 00
43. 00	04300 NURSERY	0	11, 615	5 0	21, 502	0	43. 00
FO 00	ANCI LLARY SERVI CE COST CENTERS		0/ 02/		170 227	0	
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	96, 836 8, 367	•	, , , , ,	0	50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	25, 812	1	47, 793	0	52.00
53. 00	05300 ANESTHESI OLOGY	0	15, 358	1	47, 775	0	53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	61, 733		0	0	54.00
54. 01	05401 ULTRASOUND	0	7, 765		0	0	54. 01
54. 02	03040 AUDI OLOGY	0	C	0	0	0	54. 02
56. 00	05600 RADI OI SOTOPE	0	9, 400	1	0	0	56. 00
57. 00	05700 CT SCAN	0	13, 250	1	0	0	57. 00
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON	0	25, 209	1	46, 695 0	0	59. 00 60. 00
62. 00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	89, 695 3, 700	1	0	0	62.00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	3, 700	1	0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	0	19, 789	e o	0	0	63. 02
65.00	06500 RESPI RATORY THERAPY	0	35, 577	1	0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	59, 474	1 0	0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	20, 950		0	0	
68. 00	06800 SPEECH PATHOLOGY	0	8, 733	1	0	0	68. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6, 324	1 0	0	0	70. 00 71. 00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	(0	0	71.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	(Ö	0	73. 00
74. 00	07400 RENAL DIALYSIS	0	C	o o	0	0	74. 00
75. 01	03480 ONCOLOGY	0	13, 831	ı o	0	0	75. 01
76. 97	07697 CARDIAC REHABILITATION	0	12, 669	9 0	23, 450	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	C	0	0	0	76. 98
76. 99	07699 LI THOTRI PSY	0		0	0	0	76. 99
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	0	2 41/	1	4 707	0	90.00
90. 00	09001 OP PSYCH	0	3, 614 3, 463	1	6, 707	0	
	09100 EMERGENCY	0	96, 019		177, 839	0	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART		,0,0.,	Í	1777 007		92.00
	OTHER REIMBURSABLE COST CENTERS	'					
101.00	10100 HOME HEALTH AGENCY	0	C	0	0	0	101. 00
	SPECIAL PURPOSE COST CENTERS						
118.00		2, 817, 402	1, 338, 005	5 0	1, 685, 902	0	118. 00
100.00	NONREI MBURSABLE COST CENTERS			J ^		_	100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	0	(0		190. 00 191. 00
	19100 RESEARCH 19200 PHYSI CLANS' PRI VATE OFFI CES	0	(191.00
	07950 OTHER NON REIM COST CENTER	n	C		n		194. 00
	07954 RETAIL PHARMACY	o	9, 314	1 o	Ö		194. 01
	07951 ADVERTI SI NG EXPENSE	0	, ,	1	o		194. 03
	· · · · · · · · · · · · · · · · · · ·	<u>'</u>					

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008 | Period: | Worksheet B | From 07/01/2019 | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: | To 06/30/2020 | Date/Time Prepared: |

					11/25/2020 10	<u>: 13 am</u>
Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE OF	NURSI NG	CENTRAL	
			PERSONNEL	ADMI NI STRATI ON	SERVICES &	
					SUPPLY	
	10.00	11. 00	12.00	13.00	14.00	
194. 04 07952 REGENCY HOSPI TAL	266, 636	0	C	0	0	194. 04
194. 05 07953 UNUSED SPACE	0	0	C	0	0	194. 05
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	C	O	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	3, 084, 038	1, 347, 319	d c	1, 685, 902	0	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0008

				Ť	o 06/30/2020	Date/Time Pre	
	Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	NONPHYSI CI AN ANESTHETI STS	Subtotal	13 4111
		15. 00	16. 00	17. 00	19. 00	24.00	
1. 00	GENERAL SERVICE COST CENTERS OO100 CAP REL COSTS-BLDG & FIXT			1			1.00
2. 00	00200 CAP REL COSTS-BEDG & TTXT						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
4. 01	00401 MAI NTENANCE OF PERSONNEL						4. 01
5. 01 5. 02	00540 NONPATIENT TELEPHONES 00560 PURCHASING RECEIVING AND STORES						5. 01 5. 02
5. 02	00570 ADMITTING						5. 02
5. 04	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 04
5.05	00590 OTHER ADMIN & GENERAL						5. 05
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT						6. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPING						9. 00
10.00	01000 DI ETARY						10. 00
11. 00 12. 00	01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL						11. 00 12. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON			•			13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY			•			14. 00
15. 00	01500 PHARMACY	8, 365, 790					15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	1, 970, 195	i			16.00
17. 00 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0	0				17. 00 19. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>		1			1
30. 00	03000 ADULTS & PEDIATRICS	0	255, 783	l .			1
31.00	03100 I NTENSI VE CARE UNI T	0	26, 478	l .			1
40. 00 41. 00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF	0	51, 983 26, 473	l .			1
43. 00	04300 NURSERY	o	7, 038	l .			1
	ANCILLARY SERVICE COST CENTERS			1	1		
50.00	05000 OPERATI NG ROOM	0	166, 683				1
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	9, 598 15, 643	1			1
53. 00	05300 ANESTHESI OLOGY	o	22, 334	1		482, 708	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	O	84, 292	1		4, 527, 708	1
54. 01	05401 ULTRASOUND	0	27, 593	1		1, 017, 250	
54. 02 56. 00	03040 AUDI OLOGY 05600 RADI OI SOTOPE	0	0 36, 971	_		0 1, 629, 939	
57. 00	05700 CT SCAN	o	106, 993	1		1, 687, 499	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	O	97, 276	1		3, 457, 887	1
60.00	06000 LABORATORY	0	236, 246	1		8, 397, 938	1
62. 00 62. 30	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	11, 128 0	i		1, 049, 731 0	1
63. 02	06301 NONI NVASI VE LAB	o	54, 264			1, 559, 497	1
65. 00	06500 RESPI RATORY THERAPY	0	36, 002		0	2, 197, 336	65. 00
66.00	06600 PHYSI CAL THERAPY	0	45, 923				1
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	21, 620 5, 479			1, 950, 863 720, 845	1
70. 00	07000 ELECTROENCEPHALOGRAPHY	o	15, 805			511, 051	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	39, 009		_	4, 461, 213	1
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0 3/5 700	31, 454	l .		4, 032, 681	1
73. 00 74. 00	07400 RENAL DIALYSIS	8, 365, 790 0	262, 212 13, 992		0	12, 367, 290 1, 046, 784	
75. 01	03480 ONCOLOGY	o	11, 848	l .	0	1, 128, 731	1
76. 97	07697 CARDI AC REHABI LI TATI ON	O	2, 450	0	0	973, 888	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0				1
76. 99	O7699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	0	0	0	76. 99
90. 00	09000 CLINIC	0	1, 537	0	0	556, 089	90.00
90. 01	09001 OP PSYCH	0	2, 295		0	281, 990	90. 01
91.00	09100 EMERGENCY	0	243, 793	0	0	7, 266, 113	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
	SPECIAL PURPOSE COST CENTERS						
118.00		8, 365, 790	1, 970, 195	0	0	121, 966, 984	118. 00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	٥	0	0	0	62 077	190. 00
	19000 GIFT, PLOWER, COFFEE SHOP & CANTEEN	0	0	0			191.00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	o	0	O	_	1, 254, 349	192. 00
	07950 OTHER NON REIM COST CENTER	0	0	0	0		194. 00
	07954 RETAI L PHARMACY 07951 ADVERTI SI NG EXPENSE	0	0	0		7, 669, 785 478, 311	
174. U	701751 ADVENTI STING EAFLINGE	<u>ı</u>	0	1 0	1 0	4/0,311	1174. US

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COST	Provider CCN: 15-0008	Peri od: Worksheet B From 07/01/2019 Part I To 06/30/2020 Date/Time Prepared:

						11/25/2020 10	:13 am_
Cost Center Descri	oti on F	PHARMACY	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN	Subtotal	
			RECORDS &		ANESTHETI STS		
			LI BRARY				
		15. 00	16.00	17. 00	19. 00	24.00	
194. 04 07952 REGENCY HOSPI TAL		0	0	0	0	1, 418, 318	194. 04
194.05 07953 UNUSED SPACE		0	0	0	0	0	194. 05
200.00 Cross Foot Adjustm	ents				0	0	200. 00
201.00 Negative Cost Cent	ers	0	o	0	0	0	201. 00
202.00 TOTAL (sum lines 1	18 through 201)	8, 365, 790	1, 970, 195	0	0	132, 858, 682	202. 00

In Lieu of Form CMS-2552-10 Health Financial Systems ST. CATHERINE HOSPITAL COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0008 Peri od: Worksheet B From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am Cost Center Description Intern & Total Residents Cost & Post Stepdown Adj ustments 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00401 MAINTENANCE OF PERSONNEL 4.01 4.01 00540 NONPATIENT TELEPHONES 5.01 5.01 00560 PURCHASING RECEIVING AND STORES 5.02 5.02 5.03 00570 ADMITTING 5.03 5.04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.04 00590 OTHER ADMIN & GENERAL 5.05 5 05 00600 MAINTENANCE & REPAIRS 6.00 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 00900 HOUSEKEEPI NG 9 00 9 00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11.00 11.00 01200 MAINTENANCE OF PERSONNEL 12 00 12 00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 17.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 27, 370, 252 30.00 31.00 03100 INTENSIVE CARE UNIT 0 5, 245, 088 31.00 04000 SUBPROVIDER - IPF 0 3, 651, 419 40.00 40.00 0 04100 SUBPROVI DER - I RF 5, 077, 915 41.00 41.00 04300 NURSERY 797, 120 43.00 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 11, 262, 726 50 00 51.00 05100 RECOVERY ROOM 0000000000000000000000000000 51.00 657, 495 05200 DELIVERY ROOM & LABOR ROOM 52 00 1, 762, 798 52 00 53.00 05300 ANESTHESI OLOGY 482, 708 53.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 4, 527, 708 54.00 05401 ULTRASOUND 54.01 54.01 1, 017, 250 03040 AUDI OLOGY 54.02 54.02 56, 00 05600 RADI OI SOTOPE 1, 629, 939 56, 00 57.00 05700 CT SCAN 1, 687, 499 57.00 3, 457, 887 59.00 05900 CARDIAC CATHETERIZATION 59.00 60.00 06000 LABORATORY 8, 397, 938 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 1, 049, 731 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 62.30 62.30 1, 559, 497 63.02 06301 NONI NVASI VE LAB 63.02 65.00 06500 RESPIRATORY THERAPY 2, 197, 336 65.00 66.00 06600 PHYSI CAL THERAPY 4, 837, 140 66.00 06700 OCCUPATIONAL THERAPY 1, 950, 863 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 720, 845 68.00 07000 ELECTROENCEPHALOGRAPHY 70.00 511, 051 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 4, 461, 213 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 032, 681 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 12, 367, 290 73.00 07400 RENAL DIALYSIS 74.00 1,046,784 74.00 75 01 03480 ONCOLOGY 1, 128, 731 75 01 07697 CARDIAC REHABILITATION 76.97 973, 888 76.97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76.98 07699 LI THOTRI PSY 0 76.99 0 76.99 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 556, 089 90.00 09001 OP PSYCH 0 281, 990 90.01 90.01 91.00 09100 EMERGENCY 0 7, 266, 113 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 0 121, 966, 984 118.00 NONREI MBURSABLE COST CENTERS

62, 977

1, 254, 349

7, 958

0

0

0

190. 00

191. 00

192. 00

194.00

191. 00 19100 RESEARCH

190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN

192. 00 19200 PHYSICIANS' PRIVATE OFFICES

194.00 07950 OTHER NON REIM COST CENTER

Health Financial Systems ST. CATHERINE H					In Lieu of Form CMS-2552-10		
COST ALLOCATI	ION - GENERAL SERVICE COSTS		Provider CCN: 15-0008		Peri od: From 07/01/2019 To 06/30/2020	Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am	
	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments 25.00	Total 26, 00				
194. 01 07954 [RETAIL PHARMACY	0	7, 669, 785			194. 01	
194. 03 07951	ADVERTISING EXPENSE	0	478, 311			194. 03	
194. 04 07952 I	REGENCY HOSPI TAL	0	1, 418, 318			194. 04	
194. 05 07953 l	UNUSED SPACE	0	0			194. 05	
	Cross Foot Adjustments	0	0			200. 00	
1 1	Negative Cost Centers	0	0			201. 00	
202. 00	TOTAL (sum lines 118 through 201)	0	132, 858, 682			202. 00	

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0008

					Io	06/30/2020	Date/lime Pre 11/25/2020 10	
				CAPI TAL REI	LATED COSTS		, = = . =	
		Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Related Costs 0	1. 00	2.00	2A	4. 00	
	GENER	AL SERVICE COST CENTERS		1.00	2.00	Zn	4.00	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
2.00		CAP REL COSTS-MVBLE EQUIP						2. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT	0	2, 259		2, 779	2, 779	4. 00
4. 01 5. 01		MAINTENANCE OF PERSONNEL NONPATIENT TELEPHONES	0	12, 171 5, 374		12, 171 5, 374	17 0	4. 01 5. 01
5. 02		PURCHASING RECEIVING AND STORES	0	50, 949		52, 089	16	5. 02
5. 03		ADMITTING	O	22, 082		22, 430	51	5. 03
5.04	00580	CASHI ERI NG/ACCOUNTS RECEI VABLE	o	0	О	0	0	5. 04
5.05		OTHER ADMIN & GENERAL	0	250, 384		369, 105	226	5. 05
6.00		MAINTENANCE & REPAIRS	0	381, 608		513, 533	67	6.00
7. 00 8. 00		OPERATION OF PLANT LAUNDRY & LINEN SERVICE	0	112, 441 10, 428		147, 392 11, 977	49 5	7. 00 8. 00
9. 00		HOUSEKEEPI NG	l ő	45, 837		62, 049	98	9. 00
10.00		DI ETARY	o	72, 227		118, 543	55	10. 00
11. 00		CAFETERI A	0	29, 269	27, 014	56, 283	32	11. 00
12.00	1	MAINTENANCE OF PERSONNEL	0	12.000	_	122 044	0	12.00
13. 00 14. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	0	13, 990 0		133, 944	42 0	13. 00 14. 00
15. 00	1	PHARMACY		26, 486	_	166, 985	97	15. 00
16.00		MEDICAL RECORDS & LIBRARY	o	15, 981		15, 981	0	16. 00
17. 00	1	SOCIAL SERVICE	0	0		0	0	17. 00
19. 00		NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
30. 00		I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	O	417, 856	209, 513	627, 369	603	30. 00
31. 00		INTENSIVE CARE UNIT		58, 914		176, 903	130	
40.00		SUBPROVI DER - I PF	o	47, 924		89, 186	86	
41. 00		SUBPROVI DER - I RF	0	90, 429		151, 529	96	41. 00
43. 00		NURSERY	0	13, 524	0	13, 524	20	43. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	O	200, 604	646, 294	846, 898	170	50. 00
51. 00	1	RECOVERY ROOM	0	7, 748		8, 696	170	51.00
52. 00		DELIVERY ROOM & LABOR ROOM	o	30, 066		30, 066	45	
53. 00	1	ANESTHESI OLOGY	0	2, 042		62, 039	0	53. 00
54.00		RADI OLOGY-DI AGNOSTI C	0	56, 616		498, 747	90	
54. 01 54. 02	1	ULTRASOUND AUDI OLOGY	0	6, 854 0		111, 526	20 0	54. 01 54. 02
56. 00	1	RADI OLOGI RADI OI SOTOPE		9, 841	_	58, 846	26	
57.00		CT SCAN	O	7, 742		162, 035	23	57. 00
59. 00	1	CARDI AC CATHETERI ZATI ON	0	40, 067		461, 298	53	
60.00		LABORATORY	0	63, 075		263, 135	126	
62. 00 62. 30	1	WHOLE BLOOD & PACKED RED BLOOD CELL BLOOD CLOTTING FOR HEMOPHILIACS	0	4, 697 0		43, 739 0	6	62. 00 62. 30
63. 02		NONI NVASI VE LAB	l o	13, 498		233, 745	34	
65.00	06500	RESPI RATORY THERAPY	o	10, 952	58, 106	69, 058	59	65. 00
66. 00		PHYSI CAL THERAPY	0	67, 038		91, 693	112	66. 00
67. 00	1	OCCUPATIONAL THERAPY	0	19, 012		25, 393	40	
68. 00 70. 00		SPEECH PATHOLOGY ELECTROENCEPHALOGRAPHY	0	3, 606 16, 274		14, 110 49, 018	18 8	68. 00 70. 00
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENT	o o	0, 2, 1		0	0	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	O	0	О	0	0	72. 00
73. 00		DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
74. 00 75. 01		RENAL DIALYSIS ONCOLOGY	0	5, 374		5, 374 43, 243	0 22	74. 00 75. 01
76. 97		CARDI AC REHABI LI TATI ON	0	38, 835 35, 421		56, 908	23	
76. 98	1	HYPERBARI C OXYGEN THERAPY	0	00, 121		0	0	
76. 99	07699	LI THOTRI PSY	0	0	0	0	0	76. 99
		TIENT SERVICE COST CENTERS						
90.00		CLINIC OP PSYCH	0	27, 073		27, 479	12	
90. 01 91. 00		EMERGENCY	0	10, 160 64, 102		10, 160 151, 523	7 157	90. 01 91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART		01, 102	07, 121	0	107	92. 00
		REIMBURSABLE COST CENTERS						
101.00		HOME HEALTH AGENCY	0	0	0	0	0	101. 00
110 00		AL PURPOSE COST CENTERS	O	2 420 920	2 652 045	6 072 075	2 750	118 00
118.00	_	SUBTOTALS (SUM OF LINES 1 through 117) IMBURSABLE COST CENTERS	ı O	2, 420, 830	3, 653, 045	6, 073, 875	2, /58	118. 00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7, 129	0	7, 129	0	190. 00
191.00	19100	RESEARCH	0	0	0	O	0	191. 00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	165, 751	0	165, 751	0	192. 00
					<u> </u>			

Health Financial Systems	ST. CATHERINE	HOSPITAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am
		CAPITAL RELATED COSTS		

					11/25/2020 10	<u>: 13 am</u>
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Di rectly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFITS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1.00	2.00	2A	4.00	
194.00 07950 OTHER NON REIM COST CENTER	0	0	0	0	0	194. 00
194.01 07954 RETAIL PHARMACY	0	6, 848	34, 905	41, 753	21	194. 01
194. 03 07951 ADVERTI SI NG EXPENSE	0	9, 943	0	9, 943	0	194. 03
194. 04 07952 REGENCY HOSPI TAL	0	105, 599	1, 335	106, 934	0	194. 04
194. 05 07953 UNUSED SPACE	0	0	0	0	0	194. 05
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)	O	2, 716, 100	3, 689, 285	6, 405, 385	2, 779	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 07/01/2019 | Part II | To 06/30/2020 | Date/Time Prepared: 11/25/2020 10:13 am

CENERAL SERVICE COST CENTERS		Cost Center Description	MAINTENANCE OF PERSONNEL	NONPATI ENT TELEPHONES	PURCHASI NG RECEI VI NG AND STORES	ADMI TTI NG	11/25/2020 10 CASHI ERI NG/ACC OUNTS RECEI VABLE	
0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.00			4. 01	5. 01		5. 03		
2.00								
4.00 Oodfold MAINTENANCE OF PERSONNEL 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,188 12,1								1. 00 2. 00
0.001 0.0040 MAINTENANCE OF PERSONNEL 12, 188 5.01 0.00540 0.0040 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.00								4. 00
DOCAD PURCHASH NIG RECEIVING AND STORES		1 1	12, 188					4. 01
5.04 OSSO CASH ERINGACCOUNTS RECEIVABLE			١	5, 374	1			5. 01
0.0580 CASHER INC/ACCOUNTS RECEIVABLE			1		1	00.05/		5. 02
5.05 OSSYQ OTHER ADMIN & GENERAL 711 978 199 0 0 0 0 0 0 0 0 0			1		1		l e	5. 03 5. 04
0.000 0000 MA INTERNANCE & REPAIRS 2.99 34 101 0 0 0 0 0 0 0 0			١	-		_		5. 05
8.00 00800 LAUNDRY & LINEN SERVICE		1	1					6. 00
9.00 000000 HOLSEKEPI NG		1	1			-		7. 00
10. 00 01000 01 01 01 01 0			1					8.00
11.00 01100 01100 0AFERIA 237 0 501 0 0 0 0 12.00 01200 MAINTENNANCE OF PERSONNEL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1			· ·		9. 00 10. 00
13.00 01300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O1300 O130			1					11. 00
14. 00 O1400 CENTRAL SERVI CES & SUPPLY 0	12.00		o	0	0	0	0	12. 00
15.00 OTSOO PHARMACY 260 159 930 0 0 0 0 0 0 0 0 0		1	1			ŭ	1	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY 0 87 0 0 0 0 0 0 0 0 0		1	-1		- 1	ŭ		14. 00 15. 00
17.00 01700 01700 0141 01500 0 0 0 0 0 0 0 0 0			200			_		16.00
INPATI ENT ROUTINE SERVICE COST CENTERS 2,814		01700 SOCIAL SERVICE	Ö			0		17. 00
30.00 03000 ADULTS & PEDIATRICS 2,814 1,061 8,394 2,991 0 0 10 0 0400 04000 SUBPROVI DER - I PF 408 67 311 608 0 0 04100 SUBPROVI DER - I PF 408 67 311 608 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 1,171 310 0 0 04100 SUBPROVI DER - I RF 496 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 274 27	19. 00		0	0	0	0	0	19. 00
331.00 03100 INTENSIVE CARE UNIT	20.00		2 014	1 0/1	0.204	2 001		20.00
40.00 04000 SUBPROVI DER - I IPF 408 67 311 608 0 0 1410 04100 SUBPROVI DER - I IPF 496 274 1,171 310 0 0 1430 04300 NURSERY 78 0 0 0 0 0 0 0 0 0					I		l	30. 00 31. 00
A300 DASSON NURSERY 78			1				1	40.00
ANCI LLARY SERVICE COST CENTERS			I I				0	41. 00
50.00	43.00		78	0	0	82	0	43. 00
51.00 05100 RECOVERY ROOM 56 19 83 1112 0 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120	EO 00		4.47	2.4.2	0 422	1 040		50. 00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 173 0 0 183 0 5 5 5 0 0 5 5 0 0			1					51.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C 413 178 605 966 0 54. 01 05401 ULTRASOUND 52 39 536 323 0 54. 02 03040 AUDI OLOGY 0 0 0 0 0 0 0 0 0			1					52. 00
54. 01 05401 ULTRASOUND 52 39 536 323 0 540 54. 02 03040 AUDI OLOGY 0 0 0 0 0 0 55. 00 05600 RADI OLOGY 63 43 102 432 0 550 57. 00 05700 CT SCAN 89 19 654 1, 251 0 550 59. 00 05900 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 50 60. 00 06000 LABORATORY 600 279 14, 073 2, 763 0 0 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 25 34 969 130 0 0 62. 30 06250 BLOOD CLOTTING FOR HEMOPHI LI ACS 0 0 0 0 0 63. 02 06301 NONI NVASI VE LAB 132 39 188 635 0 0 65. 00 06500 RESPI RATORY HERAPY 238 48 1, 010 421 0 0 66. 00 06600 RESPI RATORY THERAPY 398 173 1, 433 537 0 0 67. 00 06700 OCCUPATI ONAL THERAPY 140 0 107 253 0 0 68. 00 06800 SPEECH PATHOLOGY 58 10 10 64 0 0 69. 00 07000 LECTROSENCEPHALOGRAPHY 42 34 164 185 0 1 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 368 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 368 0 0 75. 01 03480 ONCOLOGY 92 10 467 139 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 85 39 51 29 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 77. 00 09001 CLI NI C 24 0 58 18 0 78. 00 09000 CLI NI C 24 0 58 18 0 79. 00 09000 OLI NI C 0 0 0 0 79. 00 09000 OLI NI C 0 0 0 0 79. 00 09000 OLI NI C 0 0 0 0 79. 00 09000 OLI NI C 0 0 0 0 79. 00 09000 OSERVATI ON BEDS (NON-DISTINCT PART	53.00						0	53. 00
54. 02 03040 AIDI OLOGY 0 0 0 0 0 0 0 56. 00 05000 RADI OLOGY 6.3 43 102 432 0 5 5 0.0 05000 CARDI OLOGY 89 19 654 1, 251 0 5 5 0.0 05000 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 5 6 0.0 05000 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 5 6 0.0 05000 LABORATORY 6.0 0 6200 WHOLE BLOOD & PACKED RED BLOOD CELL 25 34 969 130 0 6 6 0.0 0 6 0 0 0 0 0 0 0 0 0 0 0 0		1	1					54.00
56. 00 05600 RADI OI SOTOPE 63 43 102 432 0 5 5 5 00 05700 CT SCAN 89 19 654 1, 251 0 5 5 00 05900 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 5 6 6 6 0 05900 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 5 6 6 6 0 0 05900 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 5 6 6 6 0 0 05900 CARDI AC CATHETERI ZATI ON 169 260 1, 915 1, 138 0 5 6 6 6 0 0 0500 CADOU HOLE BLOOD & PACKED RED BLOOD CELL 25 34 969 130 0 6 6 6 2 30 0 05250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1				1	54. 01 54. 02
57. 00 05700 CT SCAN 59. 00 05900 CARDIA C CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06000 CARDIAC CATHETRIZATION 60. 00 06250 WHOLE BLOOD & PACKED RED BLOOD CELL 25 34 969 130 62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 0 0 0 62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 0 63. 02 06301 NONINVASI VE LAB 132 39 188 635 0 66. 00 06500 RESPI RATORY THERAPY 238 48 1,010 421 66. 00 06600 PHYSI CAL THERAPY 398 173 1,433 537 0 67. 00 06700 0CCUPATIONAL THERAPY 140 0 107 2253 0 68. 00 06800 SPEECH PATHOLOGY 58 10 10 64 70. 00 07000 ELECTROENCEPHALOGRAPHY 42 34 164 185 0 71. 00 07000 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 0 0 0 0 368 71. 00 07200 MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 368 72. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 368 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 3,080 0 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1 -1		1		1	56.00
60. 00 06000 LABORATORY 60. 00 062000 WHOLE BLOOD & PACKED RED BLOOD CELL 25 34 969 130 0 62 62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 0 63. 02 06301 NONI NVASI VE LAB 132 39 188 635 65. 00 06500 RESPI RATORY THERAPY 238 48 1, 010 421 0 6 66. 00 06600 PHYSI CAL THERAPY 398 173 1, 433 537 0 6 67. 00 06700 OCCUPATI ONAL THERAPY 140 0 107 253 0 6 68. 00 06800 SPEECH PATHOLOGY 58 10 10 10 64 0 6 69. 00 06900 ELECTROENCEPHALOGRAPHY 140 0 107 253 0 6 68. 00 06800 SPEECH PATHOLOGY 58 10 10 10 64 0 6 69. 00 07000 ELECTROENCEPHALOGRAPHY 42 34 164 185 0 7 67. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 0 07200 I MPL. DEV. CHARGED TO PATIENTS 0 0 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 368 0 7 67. 00 07400 RENAL DIALYSIS 0 0 0 0 0 62 164 0 7 67. 01 03480 ONCOLOGY 70. 00 07697 CARDI AC REHABILITATION 85 39 51 29 0 7 76. 97 07697 CARDI AC REHABILITATION 85 39 51 29 0 7 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0 0 0 0 0 58 18 18 0 6 70. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 CLINIC 90. 00 09000 DEMERGENCY 642 202 4, 531 2, 851 0 6 60. 00 60 60 60 60 60 60 60 60 60 60 60 60					1		1	57. 00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1				0	59. 00
62. 30		1	1				· -	60.00
63. 02 06301 NONI NVASI VE LAB			1		1		l e	62. 00 62. 30
66. 00			-1		- 1		· -	63. 02
67. 00 06700 OCCUPATI ONAL THERAPY 140 0 107 253 0 68. 00 06800 SPEECH PATHOLOGY 58 10 10 10 64 0 67. 00 07000 ELECTROENCEPHALOGRAPHY 42 34 164 185 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 456 0 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 368 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 3,080 0 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 62 164 0 75. 01 03480 ONCOLOGY 92 10 467 139 0 76. 97 07697 CARDI AC REHABI LI TATI ON 85 39 51 29 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65.00	1	1	48	1, 010		0	65. 00
68. 00 06800 SPEECH PATHOLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY 70. 00 07000 ELECTROENCEPHALOGRAPHY 42 34 164 185 0 77. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 0 0 0 0 0 456 0 77. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 368 0 77. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 3,080 0 77. 00 07400 RENAL DIALYSIS 0 0 0 0 62 164 0 77. 00 07400 RENAL DIALYSIS 0 0 0 0 62 164 0 77. 00 07400 RENAL DIALYSIS 0 0 0 0 0 62 164 0 77. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1		1			66.00
70. 00 07000 ELECTROENCEPHALOGRAPHY 42 34 164 185 0 7 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 0 0 0 456 0 7 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 368 0 7 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 3,080 0 7 74. 00 07400 RENAL DIALYSIS 0 0 0 62 164 0 7 75. 01 03480 ONCOLOGY 92 10 467 139 0 7 76. 97 07697 CARDI AC REHABILITATION 85 39 51 29 0 7 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 0 7 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							l	
71. 00			1				l	70.00
73. 00			o		1		l	71. 00
74. 00 07400 RENAL DI ALYSI S 0 0 0 62 164 0 75. 01 03480 ONCOLOGY 92 10 467 139 0 76. 97 07697 CARDI AC REHABI LI TATI ON 85 39 51 29 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0			1	72. 00
75. 01 03480 ONCOLOGY 92 10 467 139 0 76. 97 07697 CARDI AC REHABI LI TATI ON 85 39 51 29 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 76. 99 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0				l	73.00
76. 97			92	-				74. 00 75. 01
76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 0							1	76. 97
OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 24 0 58 18 0 9 90.01 09001 OP PSYCH 23 0 1 27 0 0 91.00 09100 EMERGENCY 642 202 4,531 2,851 0 9 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1				l	76. 98
90. 00 09000 CLI NI C 24 0 58 18 0 9 9 9 9 9 9 9 9 9	76. 99		0	0	0	0	0	76. 99
90. 01 09001 0P PSYCH 23 0 1 27 0 9 9 9 1 00 9 9 9 9 9 9 9 9	00 00		24		50	10	1	90.00
91. 00 09100 EMERGENCY 642 202 4, 531 2, 851 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9							l	90.00
		1	1	202	4, 531			91.00
OTHER RETMBURSABLE COST CENTERS	92. 00							92. 00
	101 00		1 0			0		101 00
101. 00 10100 HOME HEALTH AGENCY 0 0 0 0 10 10 10 10	101.00		<u> </u>		ıl U	0	0	101. 00
	118. 00		12, 126	5, 046	52, 190	23, 056	0	118. 00
NONREI MBURSABLE COST CENTERS	- "	NONREI MBURSABLE COST CENTERS			1			
			0		- 1		•	190.00
					- 1	0	•	191. 00 192. 00
						0		194. 00
194. 01 07954 RETAIL PHARMACY 62 0 111 0 0 19	194. 01	07954 RETAIL PHARMACY	62				0	194. 01
194. 03 07951 ADVERTI SI NG EXPENSE 0 24 1 0 0 19	194. 03	07951 ADVERTI SI NG EXPENSE	0	24	1	0	0	194. 03

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008 | Period: From 07/01/2019 | Part II | To 06/30/2020 | Date/Time Prepared: 11/25/2020 10:13 am

						11/25/2020 10	:13 am_
	Cost Center Description	MAINTENANCE OF	NONPATI ENT	PURCHASI NG	ADMI TTI NG	CASHI ERI NG/ACC	
		PERSONNEL	TELEPHONES	RECEIVING AND		OUNTS	
				STORES		RECEI VABLE	
		4. 01	5. 01	5. 02	5. 03	5. 04	
194. 04 07952	REGENCY HOSPITAL	0	294	4	C	0	194. 04
194. 05 07953	UNUSED SPACE	0	0	0	C	0	194. 05
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers	0	0	0	C	0	201. 00
202.00	TOTAL (sum lines 118 through 201)	12, 188	5, 374	52, 306	23, 056	0	202. 00

Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Cont					1	0 06/30/2020	Date/lime Pre 11/25/2020 10	
		Cost Center Description						
DEBENDER SERVICE COST CENTERS							9.00	
1.00 007000 CAP REL COSTS-MURE FOULP 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2		GENERAL SERVICE COST CENTERS	5.05	6.00	7.00	6.00	9.00	
0.0000 MATERIANCE SERVICES	1.00							1.00
4.01 OOOOO MAINTENANCE OF FRESONNEL 4.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
5.01 005040 MORPATIENT TELEFRONES		1 1						1
5.02 000600 PURCHASINE RECEIVING AND STORES 5.03 000770 AND HTTNING ADMINISTRATION (SERSILL STATE OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR O		1 1						1
5.03 0.0070 AUM TILKO 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00		1 1						•
DOBRID CASSIL PERMAZACCOMENTS RECEIVABLE								1
5 05 00 00000 MINTERMANIN & CENERAL 971, 219								1
0.00 0.00 OBM NTEMBER & REPAIRS 14, 454 528, 458 192, 167 7.00 7.00 0.00 0.00 0.00 192, 167 18, 710 2.00 192, 167 18, 710 2.00 192, 167 18, 710 2.00 192, 167 18, 710 2.00 192, 167 18, 710 2.00 192, 167 18, 710 2.00 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 192, 167 1		1	371 219					1
0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000000				528, 458				1
9.00 0 0000 RUSSEREEPING								1
10.00 01000 ETARY 7.146 19.168 7.420 0 2,976 10.00 11.00 01100 CAFTERIA 3.103 7.67 7.67 0.00 0 0 11.00 01100 CAFTERIA 3.103 7.67 7.67 0.00 0 0 12.00 0.00 0.00 0.00 0.00 12.00 0.00 0.00 0.00 0.00 12.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
11.00 0 10100 (AFTERIA) 3.193 7, 767 3.009 0 940 11.00 12.00 12.00 0 102.00 MIRSTERM COFFESSIONEL		1 1	9, 166	12, 164	4, 713	0		1
12.00 01200 MAINTENANCE OF PERSONNEL 0		1 1						1
13.00 01300 NURSINA AMM INSTRATION 4, 399 3, 713 1, 436 0 302 13.00		1 1	1					1
14.00 0 1400 CENTRAL SERVICES & SUPPLY 22.811 7.029 2.722 0 0 319 15.00 16.00 0 1400 MEDICAL RECORDS & LIBRARY 5.105 4.241 1.643 0 0 54 16.00 17.00 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17.00 0 17		1 1		_	1	_		1
15.00 0 1500 PHARMACY 22, 811 7,029 2,723 0 319 15.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00			4, 377	3, 713 N				1
16.00 16.00 MEDICAL RECORDS & LIBRARY 5.195 4.241 1.642 0 0 0 0 10.00 10.00 10.00 10.00 0 0 0 0 0 0 0 0 0			22, 811	7. 029				1
19.00 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900		01600 MEDICAL RECORDS & LIBRARY	1					1
INPATI ENT ROUTINE SERVICE COST CENTERS 30.00 30.00 ADULTS & PEDIDATRIC S 56.369 110,895 42,962 6.126 23,672 30.00 31.00 30.00 ADULTS & PEDIDATRIC S 56.369 110,895 42,962 6.126 23,672 30.00 31.00 30.00 AUSTO ADULTS & PEDIDATRIC S 56.369 110,895 42,962 6.126 23,672 30.00 30.00 43.00 AUSTO ADULTS & PEDIDATRIC S 56.369 15,635 6.057 884 4.140 31.00 41.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	17.00	01700 SOCIAL SERVICE	o	0	0	0	0	17. 00
0.000 0.0000 ADULTS & PEDIATRICS 56, 369 110, 095 42, 962 6, 126 23, 672 30, 00 310 0.0010 INTENSIVE CASE UNIT 12, 189 15, 635 6, 657 884 4, 140 31, 00 40, 00 0.0000 SUBPROVIDER - I PF 7, 567 12, 718 4, 927 1, 388 4, 503 41, 00 430 0.0000 SUBPROVIDER - I RF 10, 354 22, 999 9, 997 1, 388 4, 503 41, 00 430 0.0000 0.0000 SUBPROVIDER - I RF 10, 354 22, 999 9, 997 1, 388 4, 503 41, 00 430 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000000	19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
13.10 03100 INTENSIVE CARE LINIT 12, 189 15, 635 6, 0.97 884 4, 140 31.00 0400 04000 SUBPROVI DER + IPF 7, 567 12, 718 4, 927 873 3, 917 40.00 41.00 04100 SUBPROVI DER + IRF 10, 354 23, 999 9, 297 1, 388 4, 503 41.00 41.00 04100 SUBPROVI DER + IRF 10, 354 23, 999 9, 297 1, 388 4, 503 41.00 41.00 04100 SUBPROVI DER + IRF 10, 354 23, 999 9, 297 1, 388 4, 503 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00			1			T		
40.00 04000 SUBPROVIDER IPF 7, 557 12, 718 4, 927 1, 388 4, 503 41.00 41.00 04100 SUBPROVIDER IRF 10, 354 22, 999 9, 297 1, 388 4, 503 41.00 43.00 04300 NURSERY 1, 853 3, 599 1, 390 215 157 43.00 43.00 05000 OFFRORT ING ROOM 25, 456 53, 238 20, 624 2, 531 11, 096 50.00 50.00 OFFRORT ING ROOM 1, 484 2, 056 797 54.00 551.00 50.00 OFFRORT ING ROOM 4, 118 7, 979 3, 091 579 0, 52.00 53.00 05300 NESTHES IOLOGY 1, 211 542 210 0 0, 53.00 05300 ABSTHES IOLOGY 1, 211 542 210 0 0, 53.00 05300 ABSTHES IOLOGY 1, 211 542 210 0 0, 53.00 05300 ABSTHES IOLOGY 1, 211 542 210 0 0, 53.00 05300 ABSTHES IOLOGY 1, 211 5, 540 1, 819 705 503 236 54.01 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			1	•				1
1.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		1	1					
A3. 00 04300 NURSERY A A3. 00 A3. 089 1, 390 A3. 089 A A3. 00 A3. 089 A A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00 A3. 00			1					•
**************************************		1 1	1 · · · · · · · · · · · · · · · · · · ·					•
50.00	10.00		1,000	0,007	1,070	210	107	10.00
52.00 05200 05200 05200 05200 05200 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 05500 0550	50.00		25, 456	53, 238	20, 624	2, 531	11, 096	50.00
53.00 05300 ANESTHESI OLOGY 1, 211 5.42 210 0 0 53.00 54.00 05400 RADI OLOGY - 01 AGNOSTI C 10, 853 15, 025 5.821 5009 3,764 54.00 54.00 05400 RADI OLOGY - 0 0 0 0 0 0 0 0 0 0	51. 00	05100 RECOVERY ROOM	1, 484	2, 056			561	51.00
54.00 0.6400 RADIO LOGY-DI AGNOSTIC 10, 883 15, 025 5, 821 5.09 3, 764 54, 02 54, 01 0.0 0.0 0.0 0.0 0.0 54, 02 54, 01 0.0 0.0 0.0 0.0 0.0 0.0 54, 02 0.0 0.0 0.0 0.0 0.0 0.0 54, 02 0.0 0.0 0.0 0.0 0.0 0.0 54, 02 0.0 0.0 0.0 0.0 0.0 0.0 54, 02 0.0 0.0 0.0 0.0 0.0 0.0 0.0 55, 00 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0							0	1
54.01							_	1
54 O2 03040 AUDI OLOGY								1
56.00 0.5600 RADI OI SOTOPE 4, 211 2, 612 1, 012 187 283 56.00 57.00 0.5700 CTS CAN 4, 256 2, 055 796 0 0.57.00 15700 CTS CAN 4, 256 2, 055 796 0 0.57.00 CTS CAN 4, 256 2, 055 796 0 0.57.00 CTS CAN 4, 258 59.00 CTS CAN 4, 119 374 2, 328 59.00 CTS CAN 4, 119 374 2, 328 59.00 CTS CAN 4, 119 374 2, 328 59.00 CTS CAN 4, 119 374 2, 328 59.00 CTS CAN 4, 119 374 2, 328 59.00 CTS CAN 4, 119 374 2, 328 59.00 CTS CAN 4, 119 3, 119 CTS CAN 4, 119 3, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 119 CTS CAN 4, 11			2, 540					1
57.00 05700 CT SCAN 4, 256 2, 055 796 0 0 57.00			4 211	_		_		
59 00 05900 CARDI AC CATHETERI ZATI ON 8, 241 10, 633 4, 119 374 2, 328 59, 00 00 00 00 00 00 LABDRATORY 21, 274 16, 739 6, 485 0 2, 499 60, 00 62, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 062, 00 063, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060, 00 060				•				1
62.00 06200 NOLLE BLOOD & PACKED RED BLOOD CELL 2,817 1,247 483 0 0 0 0 0 0 0 0 0		1	1				2, 328	1
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 0 0	60.00		21, 274	16, 739	6, 485	0	2, 490	60.00
63.02 06301 NONIN INVASI VE LAB 3,887 3,582 1,388 154 244 63.02		1 1	1			0		1
65.00 06500 RESPIRATORY THERAPY 5,712 2,906 1,126 0 481 65.00 66.00 06600 PHYSI CAL THERAPY 11,729 17,791 6,892 380 3,349 66.00 67.00 06700 OCCUPATIONAL THERAPY 5,029 5,046 1,955 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 1,917 957 371 0 0 68.00 68.00 06800 SPEECH PATHOLOGY 1,917 957 371 0 0 68.00 68.00 06800 SPEECH PATHOLOGY 1,917 957 371 0 0 68.00 68.00 07000 ELECTROENCEPHALOGRAPHY 1,035 4,319 1,673 233 353 70.00 68.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 12,358 0 0 0 0 0 0 67.00 07200 IMPL. DEV. CHARGED TO PATIENTS 11,181 0 0 0 0 0 0 67.00 07300 DRUGS CHARGED TO PATIENTS 11,181 0 0 0 0 0 0 67.00 07400 RENAL DIALYSI S 2,788 1,426 552 0 106 74.00 67.01 07490 RENAL DIALYSI S 2,788 1,426 552 0 106 74.00 67.09 07697 CARDIAC REHABILITATION 2,020 9,400 3,642 0 252 76.97 67.09 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 67.09 07699 LITHOTHIPSY 0 0 0 0 0 0 0 67.09 07699 LITHOTHIPSY 0 0 0 0 0 0 0 67.09 07000 O7699 LITHOTHIPSY 0 0 0 0 0 0 67.09 07699 LITHOTHIPSY 0 0 0 0 0 0 67.09 07699 LITHOTH SERVICE COST CENTERS 67.00 09001 OP BYCH 600 2,696 1,045 0 84 90.01 67.00 09001 OP BYCH 600 0 0 0 0 0 67.00 09001 OP BYCH 600 0 0 0 0 67.00 09001 OP BYCH 600 0 0 0 0 67.00 07000 OF THER REI MBURSABLE COST CENTERS 67.00 07000 OF THER AGENCY 0 0 0 0 0 0 67.00 07000 OF THER REI MBURSABLE COST CENTERS 67.00 07000 OF THER NON REIM COST CENTERS 22 43,988 17,041 0 336 190.00 67.01 07954 RETAIL PHARMACY 21,283 1,892 733 0 0 0 0 0 67.01 07954 RETAIL PHARMACY 21,283 1,897 704 0 0 0 67.01 07954 RETAIL PHARMACY 21,283 1,897 704 0 0				_	l ~		_	1
66.00 06600 PHYSICAL THERAPY 11, 729 17, 791 6, 892 380 3, 349 66.00 67.00 06700 OCCUPATI ONAL THERAPY 5,029 5,046 1,955 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 1,917 957 371 0 0 68.00 70.00 07000 ELECTROENCEPHALOGRAPHY 1,035 4,319 1,673 233 353 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 12,358 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 11,181 0 0 0 0 0 0 73.00 07300 RUGS CHARGED TO PATIENTS 10,449 0 0 0 0 0 0 74.00 07400 ENALD IALYSI S 2,788 1,426 552 0 106 74.00 75.01 07470 RONAL DIALYSI S 2,788 1,426 552 0 0 106 74.00 76.99 07697 CARDI AC REHABILITATION 2,020 9,400 3,642 0 252 76.97 76.99 07698 HYPERBARI C DXYGEN THERAPY 0 0 0 0 0 0 76.99 07698 HYPERBARI C DXYGEN THERAPY 0 0 0 0 0 0 76.99 07699 LITHOTRI PSY 0 0 0 0 0 0 76.90 07690 LITHOTRI PSY 0 0 0 0 0 0 76.91 07690 LITHOTRI PSY 0 0 0 0 0 76.92 07690 LITHOTRI PSY 0 0 0 0 0 76.90 07690 LITHOTRI PSY 0 0 0 0 0 76.90 07690 LITHOTRI PSY 0 0 0 0 0 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07690 07690 76.90 07690 07690 07			1					1
67.00 06700 OCCUPATI (DNAL THERAPY 5,029 5,046 1,955 0 0 67,00 68.00 06800 SPEECH PATHOLOGY 1,917 957 371 0 0 68.00 68.00 O7000 ELECTROENCEPHALOGRAPHY 1,035 4,319 1,673 233 353 70.00 71.00 07000 MEDI CAL SUPPLIES CHARGED TO PATI ENT 12,358 0 0 0 0 0 0 0 72.00 072.00 DRUGS CHARGED TO PATI ENTS 11,181 0 0 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 10,449 0 0 0 0 0 0 0 74.00 07400 RENAL DI ALYSI S 2,788 1,426 552 0 106 74.00 75.01 03480 NOCLOGY 2,344 10,306 3,993 0 1,069 75.01 76.97 07697 CARDI AC REHABI LI TATI ON 2,020 9,400 3,642 0 252 76.97 76.98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76.99 00000 CLINIC C SYGEN THERAPY 0 0 0 0 0 0 76.99 00000 CLINIC C SYGEN THERAPY 0 0 0 0 0 0 76.99 00000 CLINIC C SYGEN THERAPY 0 0 0 0 0 0 76.90 00000 CLINIC C SYGEN THERAPY 0 0 0 0 0 0 76.90 00000 CLINIC C SYGEN THERAPY 0 0 0 0 0 0 76.90 00000 CLINIC C SYGEN THERAPY 0 0 0 0 0 76.90 00000 00000 00000 00000 00000 76.90 00000 00000 00000 00000 00000 76.90 00000 00000 00000 00000 00000 76.90 00000 00000 00000 00000 00000 76.90 000000 00000 00000 00000 00000 76.90 000000 000000 000000 000000 000000			1					1
68.00 0.6800 SPEECH PATHOLOGY 1, 917 957 371 0 0 68.00 70.00 07000 CLECTROENCEPHALOGRAPHY 1, 958 0 0 0 0 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 12, 358 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 11, 181 0 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 10, 449 0 0 0 0 0 74.00 07400 RENAL DI ALYSIS 2, 788 1, 426 552 0 106 74. 00 75.01 03480 ONCOLOGY 2, 344 10, 306 3, 993 0 1, 069 75. 01 76.97 07697 CARDI AC REHABI LITATI ON 2, 2020 9, 400 3, 642 0 252 76. 97 76.98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76.99 07699 LITHOTRI PSY 0 0 0 0 0 0 76.99 07699 LITHOTRI PSY 0 0 0 0 0 0 76.90 09000 CLI NI C 1, 059 7, 185 2, 783 59 196 90.00 79.01 09001 0P PSYCH 600 2, 696 1, 045 0 84 90. 01 79.00 09000 OBSERVATI ON BEDS (NON-DI STI NCT PART 0THER REI MBURSABLE COST CENTERS 118. 00 SUBTOTIALS (SUM OF LINES 1 through 117) 347, 447 450, 097 162, 810 16, 973 80, 087 119. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 23 1, 892 733 0 353 190. 00 191. 00 19100 OFFER REI HOURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 22 0 0 0 0 0 191. 00 19100 OBSERVANTI ON BEIM COST CENTERS 190. 00 19000 OFFER REI HOURSABLE COST CENTERS 24 43, 988 17, 041 0 336 192. 00 191. 00 19100 OFFER REIN REIN REIN REIN REIN REST PRIVATE OFFI CES 822 43, 988 17, 041 0 336 192. 00 194. 00 07950 OTHER NON REIM COST CENTER 21, 283 1, 817 704 0 134 194. 01 194. 01 07954 RETAIL L PHARMACY 21, 283 1, 817 704 0 134 194. 01 194. 01 07954 RETAIL L PHARMACY 21, 283 1, 817 704 0 134 194. 01 194. 03 07951 ADVERTIS IN GENERAL			1	•				1
70.00 07000 ELECTROENCEPHALOGRAPHY 1, 035 4, 319 1, 673 233 353 70, 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 12, 358 0			1					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 12,358 0						233	353	
73. 00 07300 DRUGS CHARGED TO PATIENTS 10,449 0 0 0 0 0 73. 00 74. 00 07400 RENAL DI ALYSI S 2,788 1,426 552 0 106 74. 00 75. 01 03480 ONCOLOGY 2,344 10,306 3,993 0 1,069 75. 01 76. 97 07697 CARDI AC REHABILITATI ON 2,020 9,400 3,642 0 252 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 76. 99 0017PATIENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 1,059 7,185 2,783 59 196 90. 00 90. 01 09001 OP PSYCH 600 2,696 1,045 0 84 90. 01 91. 00 09001 OP PSYCH 600 2,696 1,045 0 84 90. 01 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 92. 00 09200 OSSERVATI ON BEDS (NON-DI STI NCT PART 92. 00 0710 SPECI AL PURPOSE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0 0 0 0 0 110. 00 10100 HOME HEALTH AGENCY 0 0 0 0 0 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 23 1,892 733 0 353 190. 00 191. 00 19100 RESEARCH 22 0 0 0 0 0 0 110. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 822 43,988 17,041 0 336 192. 00 194. 00 07954 RETAIL PHARMACY 21,283 1,817 704 0 134 194. 01 194. 01 07954 RETAIL PHARMACY 21,283 1,817 704 0 134 194. 01 194. 03 07951 ADVERTI SI NG EXPENSE 1,169 2,639 1,022 0 84 194. 03	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12, 358	0	0	0	0	71. 00
74. 00 07400 RENAL DI ALYSIS 2,788 1,426 552 0 106 74. 00 75. 01 03480 0NCOLOGY 2,344 10,306 3,993 0 1,069 75. 01 07697 CARDOLOGY 2,344 10,306 3,993 0 1,069 75. 01 07697 CARDOLOGY 2,344 10,306 3,993 0 1,069 75. 01 0.00 0.00 0 0 0 0 0 0			1	0	0	0	0	
75. 01 03480 0NCOLOGY 2, 344 10, 306 3, 993 0 1, 069 75. 01 76. 97 O7697 CARDI AC REHABI LI TATI ON 2, 020 9, 400 3, 642 0 252 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 76. 99 0UTPATI ENT SERVI CE COST CENTERS				0	0	0	_	
76. 97			1 · · · · · · · · · · · · · · · · · · ·					1
76. 98			1					•
76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 0		1 1	1					•
90. 00 09000 CLINIC 1,059 7,185 2,783 59 196 90. 00 90. 01 09001 0P PSYCH 600 2,696 1,045 0 84 90. 01 91. 00 09100 EMERGENCY 16,322 17,012 6,590 1,438 11,865 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART 92. 00 0100 HOME HEALTH AGENCY 0 0 0 0 0 0 0 0 0				_	1	_		
90. 00	, ,		, <u> </u>	0				1 . 5. //
90. 01		09000 CLI NI C	1, 059	7, 185	2, 783	59	196	90.00
92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART 92. 00 0 0 0 0 0 0 0 0 0			1					90. 01
OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 0 0 101.00			16, 322	17, 012	6, 590	1, 438	11, 865	
101.00	92. 00							92.00
SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 347, 447 450, 097 162, 810 16, 973 80, 087 118. 00 NONREI MBURSABLE COST CENTERS	101 00							101 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 347, 447 450, 097 162, 810 16, 973 80, 087 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 23 1, 892 733 0 353 190. 00 19100 RESEARCH 22 0 0 0 0 0 19100 PhySI CI ANS' PRI VATE OFFI CES 822 43, 988 17, 041 0 336 192. 00 194. 00 07950 OTHER NON REIM COST CENTER 0 0 0 0 0 194. 00 194. 01 07954 RETAIL PHARMACY 21, 283 1, 817 704 0 134 194. 01 194. 03 07951 ADVERTI SI NG EXPENSE 1, 169 2, 639 1, 022 0 84 194. 03	101.00		0	0	0	0	0	1101.00
NONRE MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 23 1,892 733 0 353 190. 00 191. 00 191. 00 191. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 193. 00 193. 00 193. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00 194. 00	118 00		347 447	450 097	162 810	16 973	80 087	118 00
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 23 1,892 733 0 353 190. 00 191. 00 19100 RESEARCH 22 0 0 0 09 191. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 822 43,988 17, 041 0 336 192. 00 194. 00 07950 OTHER NON REIM COST CENTER 0 0 0 0 194. 00 194. 01 07954 RETAI L PHARMACY 21, 283 1, 817 704 0 134 194. 01 194. 03 07951 ADVERTI SI NG EXPENSE 1, 169 2, 639 1, 022 0 84 194. 03	110.00		347, 447	430, 047	102, 010	10, 773	00,087	1.10.00
191. 00 19100 RESEARCH 22 0 0 0 191. 00 192. 00 192.00 192.00 192.00 192.00 192.00 194.00 07950 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450 07450	190.00		23	1, 892	733	0	353	190. 00
192. 00 PHYSI CI ANS¹ PRI VATE OFFI CES 822 43, 988 17, 041 0 336 192. 00 194. 00 07950 OTHER NON REIM COST CENTER 0 0 0 0 194. 00 194. 01 07954 RETAI L PHARMACY 21, 283 1, 817 704 0 134 194. 01 194. 03 07951 ADVERTI SI NG EXPENSE 1, 169 2, 639 1, 022 0 84 194. 03	191.00	19100 RESEARCH		0				
194. 01 07954 RETAIL PHARMACY 21, 283 1, 817 704 0 134 194. 01 194. 03 07951 ADVERTI SI NG EXPENSE 1, 169 2, 639 1, 022 0 84 194. 03	192.00	19200 PHYSI CI ANS' PRI VATE OFFI CES		43, 988	17, 041	0	336	192. 00
194. 03 07951 ADVERTI SING EXPENSE 1, 169 2, 639 1, 022 0 84 194. 03				0	0	0		
			1					
174. 04 0/732 NLOLINGT NOOPTIAL 403 28, 020 10, 807 1, 237 8, 202 194. 04								
	174. U4	107702 REGENCT TIOSET TAL	1 403	20, 025	10, 657	1, 237	0, 202	1174.04

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 15-0008	Peri od: Worksheet B From 07/01/2019 Part II To 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am
Cost Contor Doscription	OTHER ADMINI & MAINTENANCE & ORERATION O	E LAUNDDY & HOUSEVEEDING

						11/25/2020 10	<u>: 13 am</u>
	Cost Center Description	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		GENERAL	REPAI RS	PLANT	LINEN SERVICE		
		5. 05	6.00	7. 00	8. 00	9. 00	
194. 05 07953	UNUSED SPACE	0	0	0	0	0	194. 05
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)	371, 219	528, 458	193, 167	18, 210	89, 196	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 07/01/2019 | Part II | To 06/30/2020 | Date/Time Prepared: 11/25/2020 10:13 am

California Service Cost Certification 10.00 11.00 12.00 14.00 14.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00		Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATI ON	11/25/2020 10 CENTRAL SERVI CES & SUPPLY	
1.00 00000 CAP REL COSTS-BUELD & FINX			10.00	11. 00	12. 00	13.00		
2.00 0000CAR REFLORATIONS DEMANDANT 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00	1 00				T			1 00
4.00 0.0000 PART PRITE TECHNORS								1
4 01 00040 IAM IMPERANCE OF PERSONNEL 5 02 000500 PIRCHART MISS REPORT VIN NO. ADD STORES 5 02 000500 PIRCHART MISS REPORT VIN NO. ADD STORES 5 03 000500 PIRCHART NO. REPORT VIN NO. ADD STORES 5 03 000500 PIRCHART NO. REPORT VIN NO. ADD STORES 5 03 000500 PIRCHART NO. REPORT VIN NO. ADD STORES 6 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. ADD STORES 7 00 000500 PIRCHART NO. AD								1
DOSE DISSOLATION RECEIVED NO ADDRESS D. D. D. D. D. D. D. D. D. D. D. D. D.								1
5.03 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.0007 0.000								1
5.04 0.0580 CASH LERING ACCOUNTS RECEIVABLE 5.05								1
0.0990 OTHER ADMIN & GENERAL		1						1
2.00								1
8.00 00800 JAUNDRY & LINEN SERVICE 9.00 00900 CONTRICES FEFFING 9.00 00900 CONTRICES FEFFING 9.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.0		1						
9.00 00900 MUSERCEPINS 156,596 10.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00		1						
10.00 01000 DETARY 156,596 10.00 1220 MARTHANGE OF PERSONNEL 0 0 0 0 1220 MARTHANGE OF PERSONNEL 0 0 0 0 1200 MARTHANGE OF PERSONNEL 0 1,066 0 0 145,196 13.00 13.00 13.00 MARTHANGE OF PERSONNEL 0 0 0 0 0 0 0 0 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15								1
12.00 1320 MAISTENNINCE OF PERSONNEL 0 0 0 145, 196 13.00 1300 MISSIN ADMINISTRATION 0 0 0 0 145, 196 13.00 1300 0.1400 CENTRAL SERVICES & SUPPLY 0 0 0 0 0 0 14.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.0			156, 596					
13.00 01300 NURSI NA ADMINI STRATION 0 1,060 0 145,196 13.00			0	71, 962				
14.00 01400 PARRIACY 0 0 0 0 0 14.00			0	-	1			1
15.00 01500 PHARMACY 0 0 0 0 15.00 0 17.00 0 0 0 0 0 0 0 0 0			0	1, 060		145, 196	0	1
17.00 01700 SOCIAL SERVICE OST CENTERS			o	2, 074		ol ol		1
9.00			0	0	1		-	1
INPATT FAT ROUTINE SERVICE COST CENTERS 0 0 0 0 0 0 0 0 0			0					
0.000 0.3000 ADULTS & PEDIATRICS 106, 474 22, 523 0 07, 258 0 30, 00 40. 00 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.00	19.00		O _I	0)	0	19.00
31.00	30. 00		106, 474	22, 523		67, 258	0	30.00
11.00 04100 SUBPROVIDER - LRF 18.86E 3.961 0 11.829 0 41.00		03100 INTENSIVE CARE UNIT						1
A3. 00 04300 NURSERY 0 0 0 1.852 0 43. 00								
MACILLARY SERVICE COST CENTERS								
50.00	43.00		O ₁	020		1, 652	0	43.00
52.00 05200 05200 05200 05200 05200 05200 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 0540	50.00		0	5, 172	(15, 445	0	50. 00
53.00 05300 ANESTHÉSI OLOGY 0 0 0 0 54.00 54.00 05400 RADI OLOGY—DIAGNOSTIC 0 0 0 0 54.01 54.00 05400 RADI OLOGY—DIAGNOSTIC 0 0 0 0 0 0 54.01 54.02 03400 ANDI OLOGY 0 0 0 0 0 0 54.01 54.02 03400 ANDI OLOGY 0 0 0 0 0 0 54.01 56.00 05500 CTS CAN 0 708 0 0 0 0 0 57.00 57.00 05700 CTS CAN 0 708 0 0 0 0 0 57.00 59.00 05900 CARDI AC CATHETERI ZATI ON 0 1,346 0 4,022 59.00 60.00 06000 HADIS GRATIORY 0 0 0 0 0 0 0 60.00 06000 WHOLE BLOOD & PACKED RED BLOOD CELL 0 1978 0 0 0 0 0 0 62.30 06250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 0 0 0 0 0 0 0 0 63.02 06301 INONI NVASI THERAPY 0 1,900 0 0 0 0 0 0 0 65.00 06500 PRYSI CAT HERAPY 0 1,117 0 0 0 0 0 0 0 67.00 05700 OCCUPATI ONAL THERAPY 0 1,119 0 0 0 0 0 0 0 68.00 0800 SPECCH PATHOLOGY 0 4,460 0 0 0 0 0 0 0 70.00 07000 DELICETROENCEPHALOGRAPHY 0 338 0 0 0 0 0 0 0 70.00 07000 MEDICAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 70.00 07000 DELICES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0			0					
54.00 05400 RADI OLOCY-DI AGNOSTIC 0 3,297 0 0 0 54.00			0					1
54.01			0					
56.00 05600 RADI OI SOTOPE 0 50.20 0 0 56.00			Ö					
57.00 05700 CT SCAN 0 7.08 0 0 0 0 57.00		1	0			0		
59.00 05900 CARDIAC CATHETERIZATION 0 1,346 0 4,022 0 59.00			0		•			1
60.00 06200 MHOLE BLOOD & PACKED RED BLOOD CELL 0		1	0		•	-	-	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 0 0 0 0 0 0 62.30 3.02 06301 NONINVASI VE LAB 0 1.057 0 0 0 0 63.02 65.00 06500 RESPIRATORY THERAPY 0 1.900 0 0 0 0 65.00 66.00 06600 PRYSI CAL THERAPY 0 3.177 0 0 0 0 0 67.00 06700 OCCUPATIONAL THERAPY 0 1.117 0 0 0 0 0 68.00 06800 SPECH PATHOLOGY 0 466 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 67.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 67.00 07000 07100 07100 07100 0 67.00 07000 07100 07100 0 0 0 0 67.00 07000 07100 07100 07100 0 67.00 07000 0700 0700 0 67.00 07000 0700 0700 0 0 0 0			Ö					
63.02 66301 NONI NYASI VE LAB			0					1
65.00 06500 RESPI RATORY THERAPY 0 1,900 0 0 0 0 65.00 66.00 06600 OHYSI CAL THERAPY 0 3,177 0 0 0 0 67.00 67.00 06700 OCCUPATI ONAL THERAPY 0 1,119 0 0 0 0 0 68.00 06800 SPEECH PATHOLOGY 0 466 0 0 0 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 74.00 07400 RENAL DI ALYSIS 0 0 0 0 0 0 75.01 03480 ONCOLOGY 0 73.90 0 0 0 0 76.97 07697 CARDI AC REHABILI TATI ON 0 677 0 2,020 0 76.97 76.98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76.99 07699 LITHOTRI PSY 0 0 0 0 0 0 76.99 07699 LITHOTRI PSY 0 0 0 0 0 76.90 09000 CLI NI C 0 185 0 0 0 0 79.00 09000 CLI NI C 0 185 0 0 0 0 79.00 09000 DI PSYCH 0 185 0 0 0 0 79.00 09100 EMERGENCY 0 0 15, 316 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 EMERGENCY 0 0 0 0 0 79.00 09100 0 0 0 0 0 79.00 09100 0 0 0 0 0 0 79.00 0 0 0 0 0 79.00 0 0 0 0 0 0 79.00 0 0 0 0 0 79.00 0 0 0 0 0 79.00 0 0 0 0 0 0 79.00 0 0 0 0 0 79.00 0 0 0 0 0 79.00 0 0 0 0 0 79.00 0 0 0 0 79.00 0 0 0 0 79.00 0 0 0 0 79.00 0 0 0 0 79.00 0 0 0 0 79.00 0 0 0 0 79.00 0 0			0			0		1
66.00 06600 PHYSI CAL THERAPY 0 3, 177 0 0 0 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0 1, 119 0 0 0 66.00 67.00 06800 SPEECH PATHOLOGY 0 466 0 0 0 68.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 74.00 07400 ENALD ID ALLYSIS 0 0 0 0 0 0 0 75.01 03480 MOCOLOGY 0 739 0 0 0 0 0 75.01 76.97 07697 CARDI AC REHABI LI TATI ON 0 677 0 2,020 0 76.99 76.98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76.99 76.99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 0 76.90 07699 LI THOTRI PSY 0 0 0 0 0 0 0 79.00 09000 CLI NI C 0 193 0 578 0 90.00 79.00 09000 DISSERVATI ON BEDS (NON-DISTINCT PART 0 15,316 0 91.00 79.00 09000 DISSERVATI ON BEDS (NON-DISTINCT PART 0 0 0 0 0 0 70.00 00 0 0 0 0 0 70.00 00 0 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 0 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 70.00 00 00 0 0 0 0 70.00 00 00 00 0 0 70.00 00 00 00 0 70.00 00 00 00 0 0 70.00 00 00 00 0 70.00 00 00 0 0 0 70.00 00 00 00 0 70.00 00 00 00 0 70.00 00 00 00 0 70.00 00 00 00			0					1
67. 00 06700 OCCUPATI ONAL THERAPY 0 1, 119 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 466 0 0 0 68. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 338 0 0 0 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 74. 00 07400 RENAL DI ALYSIS 0 0 0 0 0 0 75. 01 03480 ONCOLOGY 0 7399 0 0 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0 6777 0 2, 020 0 75. 01 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 76. 99 07699 LI THORIT PSY 0 0 0 0 0 76. 99 07699 LI THORIT PSY 0 0 0 0 76. 99 07900 OSENCH 0 185 0 0 0 76. 99 07900 OSENCH 0 185 0 0 0 76. 99 07900 OSENCH 0 185 0 0 0 77. 00 09200 OSENCH 0 0 0 0 78. 00 09100 EMERGENCY 0 0 0 0 79. 00 09100 EMERGENCY 0 0 0 79. 00 09100 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH 0 0 0 79. 00 OSENCH		1	o			ol ol		1
70. 00 07000 ELECTROENCEPHALOGRAPHY 0 338			0			o	0	67. 00
71. 00			0					
72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 0 75. 01 03480 ONCOLOGY 0 739 0 0 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0 677 0 2,020 0 76. 97 76. 98 07699 CARDI AC REHABI LI TATI ON 0 677 0 0 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 77. 09 07699 LI THOTRI PSY 0 0 0 0 0 78. 99 07699 LI THOTRI PSY 0 0 0 0 79. 01 09000 CLI NI C 0 193 0 578 0 90. 01 79. 01 09001 OP PSYCH 0 185 0 0 0 0 79. 01 09001 OP PSYCH 0 185 0 0 0 79. 00 09100 EMERGENCY 0 15, 316 0 79. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 92. 00 70 07100 HOME HEALTH AGENCY 0 0 0 0 0 71 07100 HOME HEALTH AGENCY 0 0 0 0 0 72 08 07900 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 07900 07900 07900 79. 00 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900 07900			0					
74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 74. 00 75. 01 03480 ONCOLOGY 0 739 0 0 0 0 76. 97 07697 CARDI AC REHABILI TATI ON 0 677 0 2,020 0 75. 01 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 76. 99 00TPATI ENT SERVI CE COST CENTERS			o	0		ol ol		
75. 01 03480 ONCOLOGY 0 739 0 0 0 75. 01 76. 97 07697 CARDI AC REHABI LITATI ON 0 677 0 2,020 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 76. 97 76. 99 07699 LI THOTRI PSY 0 0 0 0 0 0 0 76. 99 00 0 0 0 0 0 0 0 76. 99 00 0 0 0 0 0 0 0 0 76. 99 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	C	o	0	73. 00
76. 97			0			0		1
76. 98			0			2 020		
76. 99			0				-	
90. 00			0					
90. 01			_1					
91. 00			0					
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART			0		•			
101.00		1		2, 122		10,010		
SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 143,057 71,465 0 145,196 0 118. 00 NONREI MBURSABLE COST CENTERS								
118.00 SUBTOTALS (SUM OF LINES 1 through 117) 143,057 71,465 0 145,196 0 118.00	101.00		0	0) 0	0]101. 00 I
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190. 00 191. 00 19100 RESEARCH 0 0 0 0 0 0 191. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 0 0 192. 00 194. 00 07950 OTHER NON REIM COST CENTER 0 0 0 0 0 194. 00 194. 01 07954 RETAI L PHARMACY 0 497 0 0 0 194. 01	118. 00		143. 057	71, 465	(145. 196	0	118. 00
191. 00 19100 RESEARCH		NONREI MBURSABLE COST CENTERS		.,				
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 0 0 192. 00 194. 00 194. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0			0		
194. 00 07950 OTHER NON REIM COST CENTER			0	0				
194. 01 07954 RETAIL PHARMACY 0 497 0 0 194. 01			0	0				
194. 03 07951 ADVERTI SI NG EXPENSE 0 0 0 0 0 194. 03	194. 01	07954 RETAIL PHARMACY	ő	-		ol ol	0	194. 01
	194. 03	07951 ADVERTISING EXPENSE	0	0	(0	0	194. 03

Heal th Financial Systems

ST. CATHERINE HOSPITAL

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008
From 07/01/2019
To 06/30/2020
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepared:
Date/Time Prepare

						11/25/2020 10	:13 am
	Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE OF	NURSI NG	CENTRAL	
				PERSONNEL	ADMI NI STRATI ON	SERVICES &	
						SUPPLY	
		10.00	11. 00	12.00	13.00	14.00	
194. 04 07952	REGENCY HOSPI TAL	13, 539	0	0	0	0	194. 04
194. 05 07953	UNUSED SPACE	o	0	0	0	0	194. 05
200.00	Cross Foot Adjustments						200. 00
201.00	Negative Cost Centers	o	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118 through 201)	156, 596	71, 962	2	145, 196	0	202. 00

			1	0 06/30/2020	Date/lime Pre 11/25/2020 10	
Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	NONPHYSI CI AN ANESTHETI STS	Subtotal	To dill
	15.00	16. 00	17. 00	19. 00	24. 00	
GENERAL SERVICE COST CENTERS			Г			
1. 00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 O0200 CAP REL COSTS-MVBLE EQUIP 4.00 O0400 EMPLOYEE BENEFITS DEPARTM	1					2.00
	EINI					4.00
4. 01 00401 MAI NTENANCE OF PERSONNEL 5. 01 00540 NONPATI ENT TELEPHONES						4. 01 5. 01
5. 02 00560 PURCHASING RECEIVING AND	STORES					5. 02
5. 03 00570 ADMI TTI NG	STORES					5. 02
5. 04 00580 CASHI ERI NG/ACCOUNTS RECEI	VARI F					5. 04
5. 05 00590 OTHER ADMIN & GENERAL	VAUCE					5. 05
6. 00 00600 MAINTENANCE & REPAIRS						6.00
7. 00 00700 OPERATION OF PLANT						7. 00
8.00 00800 LAUNDRY & LINEN SERVICE					•	8.00
9. 00 00900 HOUSEKEEPI NG						9. 00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERI A						11. 00
12.00 01200 MAINTENANCE OF PERSONNEL						12. 00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15. 00 01500 PHARMACY	203, 387					15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	27, 651				16. 00
17. 00 01700 SOCIAL SERVICE	0	0				17. 00
19. 00 01900 NONPHYSI CI AN ANESTHETI STS		0	0	0		19. 00
INPATIENT ROUTINE SERVICE COST			_			
30. 00 03000 ADULTS & PEDI ATRI CS	0	3, 617	0		1, 083, 128	1
31. 00 03100 I NTENSI VE CARE UNI T	0	374	0		240, 714	1
40. 00 04000 SUBPROVI DER - PF	0	735			146, 851	1
41. 00 04100 SUBPROVI DER - RF	0	374			238, 449	1
43. 00 04300 NURSERY	0	100	0		23, 480	43. 00
ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATING ROOM	O	2, 357	0		994, 348	50.00
51. 00 05000 OPERATING ROOM	0	2, 337 136			16, 339	1
52. 00 05200 DELI VERY ROOM & LABOR ROO	1	221			51, 950	1
53. 00 05300 ANESTHESI OLOGY		316			66, 747	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C		1, 192			541, 480	1
54. 01 05401 ULTRASOUND		390	0		119, 104	1
54. 02 03040 AUDI OLOGY	ol	0	l o		0	54. 02
56. 00 05600 RADI 0I SOTOPE	0	523	0		68, 842	1
57.00 05700 CT SCAN	o	1, 513	0		173, 399	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	1, 376			497, 272	59. 00
60. 00 06000 LABORATORY	0	3, 341	0		336, 096	60.00
62.00 06200 WHOLE BLOOD & PACKED RED	BLOOD CELL 0	157	0		49, 805	62. 00
62.30 06250 BLOOD CLOTTING FOR HEMOPH	I LI ACS 0	0	0		0	
63. 02 06301 NONI NVASI VE LAB	0	767	0		245, 852	1
65. 00 06500 RESPI RATORY THERAPY	0	509			83, 468	1
66. 00 06600 PHYSI CAL THERAPY	0	649			138, 313	
67. 00 06700 OCCUPATI ONAL THERAPY	0	306			39, 388	
68. 00 06800 SPEECH PATHOLOGY	0	77			18, 058	1
70. 00 07000 ELECTROENCEPHALOGRAPHY	TO DATE ENT	224			57, 626	
71. 00 07100 MEDI CAL SUPPLI ES CHARGED		552			13, 366	1
72. 00 07200 IMPL. DEV. CHARGED TO PAT 73. 00 07300 DRUGS CHARGED TO PATIENTS		445 3, 497			11, 994 220, 413	1
74. 00 07400 RENAL DI ALYSI S	203, 367	3, 497 198			10, 670	1
75. 01 03480 0NCOLOGY		168			62, 592	1
76. 97 07697 CARDI AC REHABI LI TATI ON	o o	35			75, 181	1
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0			73, 101	1
76. 99 07699 LI THOTRI PSY	Ö	0			ő	1
OUTPATIENT SERVICE COST CENTERS		<u></u>				1
90. 00 09000 CLINIC	0	22	0		39, 666	90.00
90. 01 09001 OP PSYCH	0	32			14, 860	1
91. 00 09100 EMERGENCY	O	3, 448	0		237, 025	91.00
92.00 09200 OBSERVATION BEDS (NON-DIS	TINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0		0	101. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1	through 117) 203,387	27, 651	0	0	5, 916, 476	118. 00
NONREI MBURSABLE COST CENTERS						ļ
190. 00 19000 GIFT, FLOWER, COFFEE SHOP	& CANTEEN O	0	0			190.00
191. 00 19100 RESEARCH	0	0	0			191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI C		0	0		227, 948	
194. 00 07950 OTHER NON REIM COST CENTE	1	0	0			194. 00
194. 01 07954 RETAIL PHARMACY	0	0	· -			194. 01
194. 03 07951 ADVERTI SI NG EXPENSE	0	0	0		14, 882	194. 03

Health Financial Systems	ST. CATHERINE	HOSPI TAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am
Cost Contor Description	DHVDWVCA	MEDICAL SOCIAL SEDVI	CE NONDUVSICIAN	Subtotal

						11/25/2020 10	:13 am
	Cost Center Description	PHARMACY	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN	Subtotal	
			RECORDS &		ANESTHETI STS		
			LI BRARY				
		15. 00	16.00	17.00	19. 00	24.00	
194. 04 07952	REGENCY HOSPI TAL	0	0	0		169, 545	194. 04
194. 05 07953	UNUSED SPACE	o	0	0		0	194. 05
200.00	Cross Foot Adjustments				0	0	200. 00
201.00	Negative Cost Centers	o	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118 through 201)	203, 387	27, 651	0	0	6, 405, 385	202. 00

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0008 Period: Worksheet B

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0008 Worksheet B From 07/01/2019 Part II Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am Cost Center Description Intern & Total Residents Cost & Post Stepdown Adj ustments 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00401 MAINTENANCE OF PERSONNEL 4.01 4.01 00540 NONPATIENT TELEPHONES 5.01 5.01 00560 PURCHASING RECEIVING AND STORES 5.02 5.02 5.03 00570 ADMITTING 5.03 5.04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.04 00590 OTHER ADMIN & GENERAL 5.05 5 05 00600 MAINTENANCE & REPAIRS 6.00 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 00900 HOUSEKEEPI NG 9 00 9 00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11.00 11.00 01200 MAINTENANCE OF PERSONNEL 12 00 12 00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 17.00 19. 00 01900 NONPHYSICIAN ANESTHETISTS 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 1,083,128 30.00 31.00 03100 INTENSIVE CARE UNIT 0 240, 714 31.00 04000 SUBPROVIDER - IPF 0 40.00 40.00 146, 851 0 04100 SUBPROVI DER - I RF 41.00 238, 449 41.00 04300 NURSERY 23, 480 43.00 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 994, 348 50 00 51.00 05100 RECOVERY ROOM 0000000000000000000000000000 51.00 16, 339 05200 DELIVERY ROOM & LABOR ROOM 52 00 51, 950 52 00 53.00 05300 ANESTHESI OLOGY 66, 747 53.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 541, 480 54.00 05401 ULTRASOUND 119, 104 54.01 54.01 03040 AUDI OLOGY 54.02 54.02 56.00 05600 RADI OI SOTOPE 68, 842 56, 00 57.00 05700 CT SCAN 173, 399 57.00 59.00 05900 CARDIAC CATHETERIZATION 497, 272 59.00 60.00 06000 LABORATORY 336, 096 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 49, 805 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 62.30 62.30 63.02 06301 NONI NVASI VE LAB 245, 852 63.02 65.00 06500 RESPIRATORY THERAPY 83, 468 65.00 66.00 06600 PHYSI CAL THERAPY 138, 313 66.00 06700 OCCUPATIONAL THERAPY 39, 388 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 18,058 68.00 07000 ELECTROENCEPHALOGRAPHY 70.00 57, 626 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 13, 366 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 11, 994 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 220, 413 73.00 07400 RENAL DIALYSIS 74.00 10,670 74.00 62, 592 75 01 03480 ONCOLOGY 75 01 07697 CARDIAC REHABILITATION 76.97 75, 181 76.97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 76. 98 07699 LI THOTRI PSY 0 76.99 0 76.99 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 39,666 90.00 09001 OP PSYCH 0 90.01 90.01 14,860 237, 025 91.00 09100 EMERGENCY 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 0 5, 916, 476 118.00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 10, 130 190. 00 0 191. 00 19100 RESEARCH 191. 00 22 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 227, 948 192. 00 194.00 07950 OTHER NON REIM COST CENTER 194.00

Health Financial Systems	ST. CATHERINE	HOSPI TAL		In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CO	CN: 15-0008	Peri od: From 07/01/2019	Worksheet B Part II
				To 06/30/2020	Date/Time Prepared: 11/25/2020 10:13 am
Cost Center Description	Intern &	Total			
	Residents Cost				
	& Post				
	Stepdown				
	Adjustments				
	25. 00	26.00			
194. 01 07954 RETAIL PHARMACY	0	66, 382			194. 01
194. 03 07951 ADVERTI SI NG EXPENSE	0	14, 882			194. 03
194. 04 07952 REGENCY HOSPI TAL	0	169, 545			194. 04
194. 05 07953 UNUSED SPACE	0	0			194. 05
200.00 Cross Foot Adjustments	0	0			200. 00
201.00 Negative Cost Centers	0	0			201. 00
202.00 TOTAL (sum lines 118 through 201)	o	6, 405, 385			202. 00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0008 Peri od: Worksheet B-1 From 07/01/2019 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am CAPITAL RELATED COSTS NONPATI ENT Cost Center Description BLDG & FIXT MVBLE EQUIP **EMPLOYEE** MAINTENANCE OF (SQUARE FEET) **TELEPHONES** (DEPRECIATI BENEFITS PERSONNEL EXPENSE) (NUMBER OF DEPARTMENT (FTE'S) (GROSS TELEPHONES) SALARI ES) 1.00 2.00 4. 01 5. 01 GENERAL SERVICE COST CENTERS 1 00 425 578 00100 CAP REL COSTS-BLDG & FLXT 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2, 545, 788 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 359 52, 757, 460 4.00 354 00401 MAINTENANCE OF PERSONNEL 4 01 1,907 312, 030 4 01 84.763 C 00540 NONPATIENT TELEPHONES 5.01 842 C 1, 116 5.01 5.02 00560 PURCHASING RECEIVING AND STORES 7, 983 787 292, 616 827 17 5.02 5.03 00570 ADMITTING 3,460 240 965, 797 17 5.03 2.629 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5 04 0 5 04 5.05 00590 OTHER ADMIN & GENERAL 39, 232 81, 923 4, 258, 621 4.943 203 5.05 00600 MAINTENANCE & REPAIRS 59, 793 1, 269, 383 6.00 91, 035 1.870 6.00 00700 OPERATION OF PLANT 17, 618 24, 118 925, 980 7.00 1, 645 18 7.00 00800 LAUNDRY & LINEN SERVICE 1, 069 8.00 1,634 98.783 280 2 8.00 9.00 00900 HOUSEKEEPING 7, 182 11, 187 1, 844, 142 5, 463 12 9.00 01000 DI ETARY 1, 029, 656 10.00 11, 317 31, 960 2.822 24 10.00 01100 CAFETERI A 18, 641 600, 483 1, 646 0 11.00 11.00 4,586 01200 MAINTENANCE OF PERSONNEL 12 00 0 12 00 01300 NURSING ADMINISTRATION 800, 548 923 13.00 13.00 2, 192 82, 774 14.00 01400 CENTRAL SERVICES & SUPPLY Ω 14.00 01500 PHARMACY 15.00 4.150 96, 951 1, 832, 517 1, 805 33 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 2.504 C 18 16.00 01700 SOCIAL SERVICE 17.00 17.00 C 0 0 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 0 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 65, 473 144, 574 11, 709, 324 19, 604 221 30.00 03100 INTENSIVE CARE UNIT 9, 231 81, 418 2, 457, 180 31.00 3, 409 29 31.00 04000 SUBPROVIDER - IPF 40.00 7,509 28, 473 1, 621, 885 2.835 14 40.00 04100 SUBPROVI DER - I RF 57 41.00 14, 169 42, 162 1,804,639 3, 448 41.00 04300 NURSERY 381, 291 43.00 43.00 2.119 540 0 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 31, 432 445, 976 3, 201, 961 71 50.00 4,502 51.00 05100 RECOVERY ROOM 1, 214 654 326, 696 389 4 51.00 05200 DELIVERY ROOM & LABOR ROOM 4,711 52.00 847, 440 1, 200 0 52.00 05300 ANESTHESI OLOGY 41, 401 53.00 320 714 53.00 6 05400 RADI OLOGY-DI AGNOSTI C 8.871 305, 092 1.706.017 37 54.00 2,870 54.00 54.01 05401 ULTRASOUND 1,074 72, 229 380, 649 361 8 54.01 54.02 03040 AUDI OLOGY 0 54.02 05600 RADI OI SOTOPE 33, 816 9 56 00 1 542 488 653 437 56 00 05700 CT SCAN 57.00 1, 213 106, 470 436, 334 616 57.00 59.00 05900 CARDIAC CATHETERIZATION 6, 278 290, 670 999, 905 1, 172 54 59.00 60.00 06000 LABORATORY 9,883 138, 051 2, 368, 677 4, 170 58 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 62 00 736 26, 941 109, 102 172 62 00 62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 62.30 06301 NONI NVASI VE LAB 2, 115 151, 981 636, 997 920 63.02 63.02 8 06500 RESPIRATORY THERAPY 65.00 1,716 40,096 1, 107, 450 1.654 10 65.00 06600 PHYSI CAL THERAPY 10, 504 66,00 17,013 2, 114, 777 2.765 36 66.00 67.00 06700 OCCUPATIONAL THERAPY 2,979 4, 403 761, 151 974 0 67.00 06800 SPEECH PATHOLOGY 7, 248 68.00 565 346, 428 406 68.00 07000 ELECTROENCEPHALOGRAPHY 22, 595 159, 301 70.00 2.550 294 70.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 C 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 72.00 0 07300 DRUGS CHARGED TO PATIENTS 0 73 00 0 0 0 73.00 07400 RENAL DIALYSIS 74 00 0 74 00 842 0 0 75. 01 03480 ONCOLOGY 6,085 3,042 411, 617 643 2 75.01 07697 CARDIAC REHABILITATION 8 76. 97 76.97 5.550 14.827 440, 349 589 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76. 98 0 0 07699 LI THOTRI PSY 76. 99 76.99 0 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLI NI C 4, 242 280 221, 104 168 0 90.00 90.01 09001 OP PSYCH 90.01 1.592 132, 867 0 161 09100 EMERGENCY 91.00 10.044 60.325 2, 960, 256 4.464 42 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 0 101.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES NONREIMBURSABLE COST CENTERS 1 through 117) 379, 313 2, 520, 781 52, 362, 606 84, 330 1, 048 118. 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1, 117 0 0 191. 00 19100 RESEARCH 0 0 191.00 Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0008

				'	0 06/30/2020	11/25/2020 10	
		CAPITAL REL	ATED COSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP		MAINTENANCE OF	NONPATI ENT	
		(SQUARE FEET)	(DEPRECIATI	BENEFITS	PERSONNEL	TELEPHONES	
			EXPENSE)	DEPARTMENT	(FTE' S)	(NUMBER OF	
				(GROSS SALARI ES)		TELEPHONES)	
		1.00	2.00	4. 00	4. 01	5. 01	
192, 00 19200	PHYSICIANS' PRIVATE OFFICES	25, 971	0	0	0		192. 00
	OTHER NON REIM COST CENTER	0	0	Ö	0		194. 00
	RETAIL PHARMACY	1, 073	24, 086	394, 521	433	0	194. 01
194. 03 07951	ADVERTISING EXPENSE	1, 558		333		5	194. 03
194. 04 07952	REGENCY HOSPITAL	16, 546	921	0	0	61	194. 04
194. 05 07953	UNUSED SPACE	0	0	0	0	0	194. 05
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)	2, 716, 100	3, 689, 285	8, 874, 902	528, 093	337, 203	202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	6. 382144	1. 449172	0. 168221	6. 230230	302. 153226	203. 00
204. 00	Cost to be allocated (per Wkst. B,			2, 779	12, 188	5, 374	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part			0. 000053	0. 143789	4. 815412	205. 00
	[11]						
206. 00	NAHE adjustment amount to be allocated						206. 00
207.00	(per Wkst. B-2)						207.00
207. 00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00
	prairis iri and iv)	1		l	1		

In Lieu of Form CMS-2552-10 Health Financial Systems ST. CATHERINE HOSPITAL COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0008 Peri od: Worksheet B-1 From 07/01/2019 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am Cost Center Description PURCHASI NG ADMI TTI NG CASHIERING/ACC Reconciliation OTHER ADMIN & RECEIVING AND (GROSS OUNTS **GENERAL** STORES REVENUE) RECEI VABLE (ACCUM COST) (COSTED REO) (GROSS REVENUE) 5. 05 5.02 5.03 5.04 5A. 05 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00401 MAINTENANCE OF PERSONNEL 4.01 4.01 00540 NONPATIENT TELEPHONES 5.01 5.01 00560 PURCHASING RECEIVING AND STORES 5.02 396, 868 5.02 5.03 00570 ADMITTING 876 535, 785, 359 5.03 5.04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 535, 785, 359 5.04 00590 OTHER ADMIN & GENERAL -18, 093, 189 114, 765, 493 5.05 5 05 1 511 Ω 00600 MAINTENANCE & REPAIRS 6.00 763 0 0 4, 468, 063 6.00 7.00 00700 OPERATION OF PLANT 172 4, 803, 297 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 132 0 717, 409 8.00 0 00900 HOUSEKEEPI NG 0 2, 833, 453 9 00 1 226 9 00 10.00 01000 DI ETARY 6,523 0 2, 208, 972 10.00 01100 CAFETERI A 11.00 3,804 0 0 0 0 0 0 987, 161 11.00 01200 MAI NTENANCE OF PERSONNEL 12 00 0 12 00 0 13.00 01300 NURSING ADMINISTRATION 1, 142 0 1, 359, 761 13.00 01400 CENTRAL SERVICES & SUPPLY 0 0 14.00 0 14.00 15.00 01500 PHARMACY 7,053 0 0 7, 051, 327 15.00 01600 MEDICAL RECORDS & LIBRARY 0 1, 605, 752 Ω 16.00 16.00 0 0 17.00 01700 SOCIAL SERVICE 0 C 0 0 17.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 69, 562, 898 69, 562, 898 0 17, 438, 958 30.00 63, 690 31.00 03100 INTENSIVE CARE UNIT 19, 707 7, 201, 029 7, 201, 029 0 3, 767, 882 31.00 04000 SUBPROVIDER - IPF 14, 137, 240 14, 137, 240 0 40.00 2.359 2, 339, 253 40.00 04100 SUBPROVI DER - I RF 7, 199, 592 7, 199, 592 0 3, 200, 529 41.00 8.886 41.00 04300 NURSERY 1, 914, 164 1, 914, 164 0 43.00 572, 690 43.00 ANCILLARY SERVICE COST CENTERS 63, 910 05000 OPERATING ROOM 50 00 45, 331, 334 45, 331, 334 7, 869, 004 50 00 0 05100 RECOVERY ROOM 2, 610, 159 2, 610, 159 458, 753 51.00 627 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 0 4, 254, 338 4, 254, 338 1, 272, 844 52 00 05300 ANESTHESI OLOGY 9, 225 6,073,948 6, 073, 948 0 374, 334 53.00 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 4, 587 22, 924, 038 22, 924, 038 0 3, 355, 010 54.00 05401 ULTRASOUND 54.01 4,070 7, 504, 195 7, 504, 195 785, 020 54.01 54.02 03040 AUDI OLOGY 54.02 56,00 05600 RADI OI SOTOPE 775 10, 054, 543 10, 054, 543 0 0 1, 301, 767 56,00 05700 CT SCAN 4, 961 29, 097, 888 29, 097, 888 1, 315, 619 57.00 57.00 14, 531 26, 455, 380 05900 CARDIAC CATHETERIZATION 26, 455, 380 2, 547, 498 59.00 59 00 60.00 06000 LABORATORY 106, 783 64, 249, 615 64, 249, 615 0 0 0 0 0 0 0 6, 576, 056 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 7, 356 3, 026, 349 3, 026, 349 870, 787 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 62.30 0 62.30 63.02 06301 NONI NVASI VE LAB 1, 430 14, 757, 713 14, 757, 713 1, 201, 678 63.02 65.00 06500 RESPIRATORY THERAPY 7,666 9, 791, 052 9, 791, 052 1, 765, 713 65.00 06600 PHYSI CAL THERAPY 10,874 12, 489, 150 12, 489, 150 3, 625, 618 66.00 66.00 06700 OCCUPATIONAL THERAPY 5, 879, 864 809 5, 879, 864 1, 554, 595 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 75 1, 490, 105 1, 490, 105 592, 606 68.00 07000 ELECTROENCEPHALOGRAPHY 4, 298, 350 4, 298, 350 70.00 1, 244 0 0 0 0 0 0 320, 068 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 10, 608, 839 3, 819, 970 71.00 10, 608, 839 71.00 0 8, 554, 288 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 8, 554, 288 3, 456, 324 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 71, 281, 144 71, 281, 144 3, 230, 057 73.00 07400 RENAL DIALYSIS 74.00 470 3, 805, 148 3, 805, 148 861, 978 74.00 75 01 03480 ONCOLOGY 3, 222, 150 3, 222, 150 724 535 75 01 3 540 07697 CARDIAC REHABILITATION 76.97 386 666, 416 666, 416 624, 517 76.97 07698 HYPERBARI C OXYGEN THERAPY 0 76. 98 76.98 0 76.99 07699 LI THOTRI PSY 0 0 0 0 76.99 0 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 438 418, 048 418.048 0 327, 327 90.00 09001 OP PSYCH 624, 128 0 90.01 624, 128 185, 597 90.01 91.00 09100 EMERGENCY 34, 379 66, 302, 254 66, 302, 254 0 5.045.383 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 0 101. 00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 395, 985 535, 785, 359 535, 785, 359 -18, 093, 189 107, 417, 165 118. 00 118.00 NONREI MBURSABLE COST CENTERS

0

0

0

0

0

7, 129 190. 00

6, 874 191. 00

0 194.00

254, 091 192. 00

0

0

0

0

0

0

191. 00 19100 RESEARCH

190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN

192. 00 19200 PHYSICIANS' PRIVATE OFFICES

194.00 07950 OTHER NON REIM COST CENTER

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0008

				'	0 00, 00, 2020	11/25/2020 10	
	Cost Center Description	PURCHASI NG	ADMI TTI NG	CASHI ERI NG/ACC	Reconciliation	OTHER ADMIN &	
		RECEIVING AND	(GROSS	OUNTS		GENERAL	
		STORES	REVENUE)	RECEI VABLE		(ACCUM COST)	
		(COSTED REQ)		(GROSS			
				REVENUE)			
		5. 02	5. 03	5. 04	5A. 05	5. 05	
•	RETAIL PHARMACY	843	0	0	0	6, 578, 838	
	ADVERTI SI NG EXPENSE	6	0	0	0	361, 226	
	REGENCY HOSPITAL	34	0	0	0	140, 170	
194. 05 07953	UNUSED SPACE	0	0	0	0	0	194. 05
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B,	427, 810	1, 320, 620	1, 988, 059		18, 093, 189	202. 00
	Part I)						
203. 00	Unit cost multiplier (Wkst. B, Part I)	1. 077965	0. 002465			0. 157654	
204. 00	Cost to be allocated (per Wkst. B,	52, 306	23, 056	0		371, 219	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	0. 131797	0. 000043	0. 000000		0. 003235	205. 00
	[11]						
206. 00	NAHE adjustment amount to be allocated						206. 00
007.00	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)			l			

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Provider CCN: 15-0008

				To	06/30/2020	Date/Time Pre 11/25/2020 10	
	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG (HOUSEKEEP	DI ETARY (MEALS SERVED)	
		(SQUARE FEET)		(POUNDS OF	HOURS)	(
		6. 00	7. 00	LAUNDRY) 8. 00	9. 00	10.00	
1 00	GENERAL SERVICE COST CENTERS		ı				1 00
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
4. 01	00401 MAINTENANCE OF PERSONNEL						4. 01
5. 01 5. 02	00540 NONPATIENT TELEPHONES 00560 PURCHASING RECEIVING AND STORES						5. 01 5. 02
5. 02	00570 ADMITTING						5. 03
5.04	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 04
5. 05	00590 OTHER ADMIN & GENERAL	212 007					5. 05
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	312, 007 17, 618	294, 389				6. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	1, 634	1, 634				8. 00
9. 00	00900 HOUSEKEEPI NG	7, 182			159, 407		9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	11, 317 4, 586	11, 317 4, 586		5, 140 1, 680	l	10. 00 11. 00
12. 00	01200 MAINTENANCE OF PERSONNEL	4, 300	4, 360		1, 660	0	12.00
13. 00	01300 NURSING ADMINISTRATION	2, 192	2, 192	0	540	0	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	· ·	0	0	14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	4, 150 2, 504	4, 150 2, 504		570 900	0	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	2,304	2, 304		0	0	17. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	/5 470	/F 470	20.044	40.040	04.750	
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	65, 473 9, 231	65, 473 9, 231		42, 310 7, 398		30. 00 31. 00
40. 00	04000 SUBPROVI DER - I PF	7, 509			7, 000		40.00
41.00	04100 SUBPROVI DER - I RF	14, 169	14, 169	8, 664	8, 047	16, 790	1
43. 00	04300 NURSERY	2, 119	2, 119	1, 342	280	0	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	31, 432	31, 432	15, 794	19, 830	0	50.00
51. 00	05100 RECOVERY ROOM	1, 214		· ·	1, 003	l e	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	4, 711	4, 711		0	1	52. 00
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C	320 8, 871	320 8, 871		0 6, 726	0	53. 00 54. 00
54. 01	05401 ULTRASOUND	1, 074	1, 074		422	Ö	54. 01
54. 02	03040 AUDI OLOGY	0	0		0	0	54. 02
56. 00 57. 00	05600 RADI 0I SOTOPE 05700 CT SCAN	1, 542	1, 542		505	0	56.00
59.00	05700 CT SCAN 05900 CARDI AC CATHETERI ZATI ON	1, 213 6, 278			0 4, 160	0	57. 00 59. 00
60.00	06000 LABORATORY	9, 883			4, 450	l	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	736			0	0	62.00
62. 30 63. 02	06250 BLOOD CLOTTING FOR HEMOPHILIACS 06301 NONI NVASI VE LAB	2, 115	0 2, 115	_	0 436	0	62. 30 63. 02
65. 00	06500 RESPIRATORY THERAPY	1, 716			860	l	65. 00
66.00	06600 PHYSI CAL THERAPY	10, 504	10, 504		5, 986	0	
67. 00	06700 OCCUPATI ONAL THERAPY	2, 979			0	1	1
68. 00 70. 00	06800 SPEECH PATHOLOGY 07000 ELECTROENCEPHALOGRAPHY	565 2, 550			631	0	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	1	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	·	72. 00
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	842	842	0	0 190	0	73. 00 74. 00
75. 01	03480 ONCOLOGY	6, 085			1, 910	l	75. 01
76. 97	07697 CARDI AC REHABILI TATI ON	5, 550			450		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0		76. 98
76. 99	07699 LITHOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0	0	0	0	0	76. 99
90. 00		4, 242	4, 242	366	350	0	90. 00
90. 01	09001 OP PSYCH	1, 592			150	l e	
91.00	09100 EMERGENCY	10, 044	10, 044	8, 975	21, 205	0	91.00
92. UU	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	245 742	249 124	105 020	142 120	127, 305	110 00
1 18. U	NONREIMBURSABLE COST CENTERS	265, 742	248, 124	105, 928	143, 129	127, 305	1110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 117	1, 117		630 0		190. 00 191. 00
) 19100 RESEARCH) 19200 PHYSI CI ANS' PRI VATE OFFI CES	25, 971	25, 971	0	600		191.00
194.00	07950 OTHER NON REIM COST CENTER	0	0	0	0	0	194. 00
194. 01	I 07954 RETAIL PHARMACY	1, 073	1, 073	0	240	0	194. 01

Health FinancialSystemsST. CATHERINE HOSPITALIn Lieu of Form CMS-2552-10COST ALLOCATION - STATISTICAL BASISProvider CCN: 15-0008Period: From 07/01/2019Worksheet B-1

06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am Cost Center Description MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY REPAI RS PLANT LINEN SERVICE (HOUSEKEEP (MEALS SERVED) (POUNDS OF (SQUARE FEET) (SQUARE FEET) HOURS) LAUNDRY) 6.00 7.00 8.00 10.00 9.00 194. 03 07951 ADVERTISING EXPENSE 1, 558 1, 558 150 0 194. 03 16, 546 194. 04 07952 REGENCY HOSPI TAL 16, 546 7, 721 14, 658 12, 048 194. 04 194.05 07953 UNUSED SPACE 0 194. 05 0 Cross Foot Adjustments 200. 00 200.00 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 5, 172, 471 5, 852, 628 890, 085 3, 542, 004 3, 084, 038 202. 00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 16. 578061 19. 880593 7. 831877 22. 219877 22. 131120 203. 00 Cost to be allocated (per Wkst. B, 204.00 528, 458 193, 167 18, 210 89, 196 156, 596 204. 00 Part II) 205.00 Unit cost multiplier (Wkst. B, Part 1.693738 0.656162 0.160230 0.559549 1. 123736 205. 00 II) 206. 00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 207.00 207.00 Parts III and IV)

Cost Control STATISTICAL DOGS Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15 0000 Provided CDV: 15		Financial Systems	SI. CATHERIN					u of Form CMS	
CASE Centrer Description	COST A	LLOCATION - STATISTICAL BASIS		Provi der	CCN:	Fi	om 07/01/2019		pared:
REBERT SERVICE COST CERTERS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00		Cost Center Description		PERSONNEL (NUMBER	_ ADI	MINISTRATION IRECT NRSING	SERVI CES & SUPPLY (COSTED	PHARMACY (COSTED	7 G G G G
1.00			11. 00	12. 00		13. 00	14. 00	15. 00	
30.00	2. 00 4. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00401 MAINTENANCE OF PERSONNEL 00540 NONPATIENT TELEPHONES 00560 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMIN & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0 923 0 1,805 0 0			0 0 0	0	0	2. 00 4. 00 4. 01 5. 01 5. 02 5. 03 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00
31.00 03100 INTENSIVE CARE UNIT 3, 409 0 70, 912 0 0 31.00 41.00 04000 SUBPROVIDER - IPF 2, 835 0 56, 977 0 0 40.00 41.00 04100 SUBPROVIDER - IRF 3, 448 0 71, 714 0 0 41.00 41.00 04100 SUBPROVIDER - IRF 3, 448 0 71, 714 0 0 41.00 41.00 04000 NINSSERY 540 0 11, 227 0 0 43.00 420.00 05000 NINSSERY 550 0 11, 227 0 0 43.00 420.00 05000 OPERATI ING ROM 4, 502 0 93, 637 0 0 55.00 420.00 05000 DEPEATI ING ROM 4, 502 0 93, 637 0 0 0 55.00 420.00 05000 DELIVIERY ROM & LABOR ROM 1, 200 0 24, 954 0 0 55.00 420.00 05000 DELIVIERY ROM & LABOR ROM 1, 200 0 24, 954 0 0 55.00 420.00 05400 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05400 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05400 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05400 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05400 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05400 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 10, 400 420.00 05600 RADIOLOGY 10, 400 420.00 05600 RADIOLOGY 10, 400 420.00 05600 RADIOLOGY							_	_	
40.00					0			_	
43.00 04300 NURSERY 5.00 0 11, 227 0 0 42.00					0				1
MOLILLARY SERVICE COST CENTERS		1 1			- 1			_	
50.00	43. 00		540		0	11, 227	0	0	43.00
90. 01	51. 00 52. 00 53. 00 54. 01 54. 02 56. 00 57. 00 59. 00 62. 00 62. 30 63. 02 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 74. 00 75. 01 76. 97 76. 98 76. 99	05000 OPERATING ROOM 05100 RECOVERY ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRASOUND 03040 AUDI OLOGY 05600 RADI OI SOTOPE 05700 CT SCAN 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILI ACS 06301 NONI NVASI VE LAB 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03480 ONCOLOGY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07699 LI THOTRI PSY	389 1, 200 714 2, 870 361 0 437 616 1, 172 4, 170 172 920 1, 654 2, 765 974 406 294 0 0 0 0 643 589 0 0		0 0 0 0 0 0 0	8, 091 24, 954 0 0 0 0 0 0 24, 381 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	51. 00 52. 00 53. 00 54. 01 54. 02 56. 00 57. 00 59. 00 60. 00 62. 00 63. 02 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 74. 00 75. 01 76. 97 76. 99
101. 00	90. 01 91. 00	09001 OP PSYCH 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	161		0	0	0	0	90. 01 91. 00
SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 62,205 0 880,258 0 10,000 118.00 NONREI MBURSABLE COST CENTERS	101. 00		ol		o	0	0	0	101. 00
NONRE MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190. 00 191. 00 191. 00 191. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00 192. 00		SPECIAL PURPOSE COST CENTERS							
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190. 00 191. 00 19100 RESEARCH 0 0 0 0 0 191. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 0 0 0 0 192. 00	1 18. UU		02, 205		U	გგე, <u>2</u> 58		10,000	1110.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 0 0 0 192.00		19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0				
			0		0		-		
			-		0	-	_		
		<u>'</u>	'		•	!			

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 Provi der CCN: 15-0008

Peri od: Worksheet B-1 From 07/01/2019 To 06/30/2020 Date/Time Prepared:

						11/25/2020 10	:13 am
	Cost Center Description	CAFETERI A	MAINTENANCE O	NURSI NG	CENTRAL	PHARMACY	
		(FTE' S)	PERSONNEL	ADMI NI STRATI ON	SERVICES &	(COSTED	
			(NUMBER		SUPPLY	REQUIS.)	
			HOUSED)	(DIRECT NRSING	(COSTED		
				HRS)	REQUIS.)		
		11. 00	12.00	13.00	14. 00	15. 00	
194. 01 07954	RETAIL PHARMACY	433		0	0	0	194. 01
194. 03 07951	ADVERTI SI NG EXPENSE	0	(0 0	0	0	194. 03
194. 04 07952	REGENCY HOSPITAL	0	(0 0	0	0	194. 04
194. 05 07953	UNUSED SPACE	0	(0 0	0	0	194. 05
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201.00
202. 00	Cost to be allocated (per Wkst. B,	1, 347, 319		1, 685, 902	0	8, 365, 790	202. 00
	Part I)						
203. 00	Unit cost multiplier (Wkst. B, Part I)	21. 509611	0. 00000	1. 915236	0.000000	836. 579000	203.00
204.00	Cost to be allocated (per Wkst. B,	71, 962		145, 196	0	203, 387	204.00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	1. 148855	0. 00000	0. 164947	0.000000	20. 338700	205. 00
	11)						
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						1
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

ST. CATHERINE HOSPITAL

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Peri od: From 07/01/2019 To 06/30/2020 Date/Ti me Prepared: Provi der CCN: 15-0008

					11/25/2020	
	Cost Center Description	MEDI CAL	SOCIAL SERVICE			
		RECORDS & LI BRARY	(TIME SPENT)	ANESTHETI STS (ASSI GNED		
		(GROSS	(ITWL SPENT)	TIME)		
		REVENUE)		· · · ··· = /		
		16. 00	17. 00	19. 00		
1 00	GENERAL SERVICE COST CENTERS		I	I		1 00
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP					1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4. 00
4. 01	00401 MAI NTENANCE OF PERSONNEL					4. 01
5. 01	00540 NONPATI ENT TELEPHONES					5. 01
5.02	00560 PURCHASING RECEIVING AND STORES					5. 02
5. 03	00570 ADMITTING					5. 03
5. 04 5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMIN & GENERAL					5. 04 5. 05
6. 00	00600 MAI NTENANCE & REPAI RS					6. 00
7. 00	00700 OPERATION OF PLANT					7. 00
8.00	00800 LAUNDRY & LINEN SERVICE					8. 00
9.00	00900 HOUSEKEEPI NG					9. 00
10. 00	01000 DI ETARY					10. 00
11.00	01100 CAFETERI A					11.00
12. 00 13. 00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION					12. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY					14. 00
15. 00	01500 PHARMACY					15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	535, 785, 359				16. 00
17. 00	01700 SOCIAL SERVICE	0	0			17. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0		19. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	(0.5(0.000	1	1		
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	69, 562, 898 7, 201, 029				30. 00 31. 00
40. 00	04000 SUBPROVI DER – I PF	14, 137, 240	•	-		40.00
41.00	04100 SUBPROVI DER - I RF	7, 199, 592		0		41.00
43.00	04300 NURSERY	1, 914, 164	0	0		43. 00
F0 00	ANCI LLARY SERVI CE COST CENTERS	45 004 004	1 .	Ι		
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	45, 331, 334 2, 610, 159	l e			50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	4, 254, 338	•			52.00
53. 00	05300 ANESTHESI OLOGY	6, 073, 948	l e	Ō		53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	22, 924, 038		0		54.00
54. 01	05401 ULTRASOUND	7, 504, 195	0			54. 01
54. 02 56. 00	03040 AUDI OLOGY	10 054 543	0	0		54. 02 56. 00
57. 00	05600 RADI OI SOTOPE 05700 CT SCAN	10, 054, 543 29, 097, 888	· -	0		57. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	26, 455, 380		Ö		59. 00
60.00	06000 LABORATORY	64, 249, 615		0		60.00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	3, 026, 349	0	0		62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62. 30
	06301 NONI NVASI VE LAB 06500 RESPI RATORY THERAPY	14, 757, 713 9, 791, 052				63. 02
	06600 PHYSI CAL THERAPY	12, 489, 150				65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	5, 879, 864				67. 00
68. 00	06800 SPEECH PATHOLOGY	1, 490, 105		0		68. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	4, 298, 350		0		70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10, 608, 839		0		71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	8, 554, 288		0		72. 00 73. 00
74.00	07400 RENAL DIALYSIS	71, 281, 144 3, 805, 148		0		74.00
75. 01	03480 ONCOLOGY	3, 222, 150		0		75. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	666, 416		Ö		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76. 98
76. 99	07699 LI THOTRI PSY	0	0	0		76. 99
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	418, 048	Ιο	0		90.00
	09001 OP PSYCH	624, 128				90.00
91. 00	09100 EMERGENCY	66, 302, 254				91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92. 00
404 -	OTHER REIMBURSABLE COST CENTERS					461
101.00	10100 HOME HEALTH AGENCY	0	0	0		101. 00
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	535, 785, 359	0	0		118. 00
110.00	NONREI MBURSABLE COST CENTERS	333, 703, 339				110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190. 00
	19100 RESEARCH	0	0	1		191. 00
	19200 PHYSICIANS' PRIVATE OFFICES 07950 OTHER NON REIM COST CENTER	0	0	0		192. 00 194. 00
174.00	101730 OTHER MON REIN COST CENTER	0	0	0	l	1174.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0008

Period: Worksheet B-1 From 07/01/2019 To 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am

					11/25/2020 10:1	<u>13 am</u>
	Cost Center Description	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN		
		RECORDS &		ANESTHETI STS		
		LI BRARY	(TIME SPENT)	(ASSI GNED		
		(GROSS		TIME)		
		REVENUE)		,		
		16.00	17. 00	19. 00		
194. 01 07954	RETAIL PHARMACY	0	0	0	11	94. 01
194. 03 07951	ADVERTISING EXPENSE	0	0	0	119	94. 03
194. 04 07952	REGENCY HOSPITAL	0	0	0	119	94. 04
194. 05 07953	UNUSED SPACE	0	0	0	119	94. 05
200. 00	Cross Foot Adjustments				20	00.00
201. 00	Negative Cost Centers				20	01.00
202.00	Cost to be allocated (per Wkst. B,	1, 970, 195	0	0	20	02.00
	Part I)	, , , , , ,				
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 003677	0. 000000	0.000000	20	03. 00
204.00	Cost to be allocated (per Wkst. B,	27, 651	0	0	20	04.00
	Part II)					
205.00	Unit cost multiplier (Wkst. B, Part	0. 000052	0. 000000	0.000000	20	05. 00
	11)					
206.00	NAHE adjustment amount to be allocated				20	06. 00
	(per Wkst. B-2)					
207. 00	NAHE unit cost multiplier (Wkst. D,				20	07. 00
	Parts III and IV)					
		•	•	•	•	

Health Financial Systems
POST STEPDOWN ADJUSTMENTS In Lieu of Form CMS-2552-10
Worksheet B-2 ST. CATHERINE HOSPITAL Provider CCN: 15-0008

					11/25/2020 10	: 13 am
			Work	sheet		
	Descripti	on	CODE	Li ne No.	Amount	
	1.00		2. 00	3. 00	4. 00	
1.00	ADJ FOR EPO COSTS	IN RENAL	1	74.00	0	1. 00
	DI ALYSI S					
2.00	ADJ FOR EPO COSTS	IN HOME	1	94.00	0	2. 00
	PROGRAM					
3.00	ADJ FOR ARANESP CO	STS IN	1	74.00	0	3. 00
	RENAL DIALYSIS					
4.00	ADJ FOR ARANESP CO	STS IN	1	94.00	0	4. 00
	HOME PROGRAM					
5. 00	ADJ FOR ESA COSTS	IN RENAL	1	74.00	0	5. 00
	DI ALYSI S					
6.00	ADJ FOR ESA COSTS	IN HOME	1	94.00	0	6. 00
	PROGRAM					

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 15-0008	Peri od: Worksheet C

From 07/01/2019 | Part I 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am Title XVIII Hospi tal Costs Therapy Limit Cost Center Description Total Cost Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 30 00 03000 ADULTS & PEDIATRICS 27, 370, 252 27, 370, 252 27, 370, 252 03100 INTENSIVE CARE UNIT 5, 245, 088 5, 245, 088 3, 043 5, 248, 131 31.00 31.00 04000 SUBPROVIDER - IPF 40.00 3, 651, 419 3, 651, 419 0 3, 651, 419 40.00 04100 SUBPROVI DER - I RF 5, 077, 915 5, 077, 915 5, 077, 915 41.00 0 41.00 04300 NURSERY 43.00 797, 120 797, 120 797, 120 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 11, 262, 726 11, 262, 726 11, 262, 726 50.00 05100 RECOVERY ROOM 0 657, 495 51.00 657, 495 657, 495 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 1, 762, 798 1, 762, 798 0 1, 762, 798 52.00 53.00 05300 ANESTHESI OLOGY 482, 708 482, 708 482, 708 53.00 05400 RADI OLOGY-DI AGNOSTI C 4, 527, 708 4, 527, 708 54.00 11, 157 4, 538, 865 54.00 05401 ULTRASOUND 54.01 1, 017, 250 1, 017, 250 0 1, 017, 250 54.01 54.02 03040 AUDI OLOGY 0 54.02 05600 RADI OI SOTOPE 1, 629, 939 56.00 1,629,939 0 1, 629, 939 56.00 05700 CT SCAN 1, 687, 499 57 00 1 687 499 1 687 499 57 00 59.00 05900 CARDI AC CATHETERI ZATI ON 3, 457, 887 3, 457, 887 23, 192 3, 481, 079 59.00 06000 LABORATORY 8, 397, 938 8, 397, 938 19, 712 8, 417, 650 60.00 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 1,049,731 1, 049, 731 0 1,049,731 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 62 30 C 0 62 30 63.02 06301 NONI NVASI VE LAB 1, 559, 497 1, 559, 497 0 1, 559, 497 63.02 2, 197, 336 65.00 06500 RESPIRATORY THERAPY 2, 197, 336 0 2, 197, 336 65.00 66 00 06600 PHYSI CAL THERAPY 4, 837, 140 4, 837, 140 4, 837, 140 66 00 06700 OCCUPATIONAL THERAPY 67.00 1, 950, 863 1, 950, 863 1, 950, 863 67.00 06800 SPEECH PATHOLOGY 720, 845 720, 845 720, 845 68.00 68.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 511,051 511,051 511, 051 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71 00 4, 461, 213 4, 461, 213 4, 461, 213 71 00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 032, 681 4, 032, 681 4, 032, 681 72.00 07300 DRUGS CHARGED TO PATIENTS 12, 367, 290 12, 367, 290 0 12, 367, 290 73.00 73.00 74.00 07400 RENAL DIALYSIS 1,046,784 1,046,784 o 1.046.784 74.00 75.01 03480 ONCOLOGY 1, 139, 455 1, 128, 731 1, 128, 731 10, 724 75 01 76. 97 07697 CARDIAC REHABILITATION 973, 888 973, 888 973, 888 76.97 0 76. 98 07698 HYPERBARIC OXYGEN THERAPY 76.98 0 76.99 07699 LI THOTRI PSY 0 0 76.99 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 556, 089 556, 089 3, 612 559, 701 90.00 90.01 09001 OP PSYCH 281, 990 281, 990 281, 990 90.01 09100 EMERGENCY 91.00 91.00 7, 266, 113 7, 266, 113 7, 266, 113 0 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 4, 535, 735 4, 535, 735 4, 535, 735 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 101. 00 126, 502, 719 126, 502, 719 126, 574, 159 200. 00 200.00 Subtotal (see instructions) 0 71, 440 201.00 Less Observation Beds 4, 535, 735 4, 535, 735 4, 535, 735 201. 00

121, 966, 984

121, 966, 984

71.440

122, 038, 424 202. 00

202.00

Total (see instructions)

From 07/01/2019 Part I Date/Time Prepared: 06/30/2020 11/25/2020 10:13 am Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 56, 984, 529 56, 984, 529 03000 ADULTS & PEDIATRICS 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 7, 201, 029 7, 201, 029 31.00 04000 SUBPROVIDER - IPF 40.00 14, 137, 240 14, 137, 240 40.00 41.00 04100 SUBPROVI DER - I RF 7, 199, 592 7, 199, 592 41.00 04300 NURSERY 1, 914, 164 43.00 1, 914, 164 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 13, 243, 019 32, 088, 315 45, 331, 334 0 248453 0.000000 50.00 05100 RECOVERY ROOM 1, 663, 692 0.251898 0.000000 51.00 51.00 946, 467 2, 610, 159 05200 DELIVERY ROOM & LABOR ROOM 52.00 3, 036, 870 1, 217, 468 4, 254, 338 0.414353 0.000000 52 00 53.00 05300 ANESTHESI OLOGY 1, 993, 184 4, 080, 764 6, 073, 948 0.079472 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 5, 365, 349 17, 558, 689 22, 924, 038 0. 197509 0.000000 54.00 05401 ULTRASOUND 6, 483, 480 7, 504, 195 0.135558 0.000000 54.01 1,020,715 54.01 54.02 03040 AUDI OLOGY 0.000000 0.000000 54.02 56, 00 05600 RADI OI SOTOPE 2,029,253 8,025,290 10, 054, 543 0.162110 0.000000 56.00 57.00 05700 CT SCAN 8, 558, 435 20, 539, 453 29, 097, 888 0.057994 0.000000 57.00 12, 757, 435 13, 697, 945 05900 CARDIAC CATHETERIZATION 26, 455, 380 0.130706 59 00 0.000000 59 00 60.00 06000 LABORATORY 22, 474, 712 41, 774, 903 64, 249, 615 0.130708 0.000000 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 1, 019, 931 0.346864 0.000000 62.00 2,006,418 3, 026, 349 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0.000000 0.000000 62.30 62.30 06301 NONI NVASI VE LAB 63.02 5, 012, 610 9, 745, 103 14, 757, 713 0. 105673 0.000000 63.02 65.00 06500 RESPIRATORY THERAPY 8, 165, 576 1, 625, 476 9, 791, 052 0. 224423 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 5, 458, 359 7, 030, 791 12, 489, 150 0.387307 0.000000 66.00 1, 483, 896 5, 879, 864 67 00 06700 OCCUPATIONAL THERAPY 4, 395, 968 0 331787 0.000000 67 00 68.00 06800 SPEECH PATHOLOGY 872, 168 617, 937 1, 490, 105 0.483755 0.000000 68.00 07000 ELECTROENCEPHALOGRAPHY 316, 065 3, 982, 285 4, 298, 350 0.118895 0.000000 70.00 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 5, 376, 970 5, 231, 869 10, 608, 839 0.420518 0.000000 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 3, 959, 618 8, 554, 288 72.00 4, 594, 670 0.471422 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 28, 849, 554 42, 431, 590 71, 281, 144 0.173500 0.000000 73.00 74.00 07400 RENAL DIALYSIS 3, 418, 329 386, 819 3, 805, 148 0.275097 0.000000 74.00 75 01 03480 ONCOLOGY 36, 965 3, 185, 185 3 222 150 0.350304 0.000000 75 01 07697 CARDIAC REHABILITATION 76.97 158, 298 508, 118 666, 416 1.461381 0.000000 76.97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0.000000 0.000000 76. 98 C

Heal th Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10 COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008 | Period: From 07/01/2019 | Part I | Date/Time Prepared:

			To 06/30/2020	Date/Time Prepared: 11/25/2020 10:13 am
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
I NPATI ENT ROUTI NE SERVI CE COST CENTERS				20.00
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31. 00 03100 NTENSI VE CARE UNIT				31.00
40. 00 04000 SUBPROVI DER - PF				40.00
41. 00 04100 SUBPROVI DER - RF				41.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS				43. 00
50. 00 05000 OPERATING ROOM	0. 248453			50.00
51. 00 05100 RECOVERY ROOM	0. 251898			51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 414353			52.00
53. 00 05300 ANESTHESI OLOGY	0. 414353			53.00
54. 00 05300 ANESTHESTOLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	1			
54. 01 05400 RADI OLOGY - DI AGNOSTI C 54. 01 05401 ULTRASOUND	0. 197996 0. 135558			54. 00 54. 01
54. 02 03040 OLTRASOUND 54. 02 03040 AUDI OLOGY	0. 13558			54.01
56. 00 05600 RADI 01 SOTOPE	0. 162110			56.00
57. 00 05700 CT SCAN	0. 162110			56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 037994			59.00
60. 00 06000 LABORATORY	0. 131015			60.00
62. 00 06200 LABORATORY 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 131013			62.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000			62. 30
63. 02 06301 NONI NVASI VE LAB	0. 105673			63. 02
65. 00 06500 RESPI RATORY THERAPY	0. 103073			65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 387307			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 331787			67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 483755			68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 118895			70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 420518			71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 471422			72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 173500			73. 00
74. 00 07400 RENAL DI ALYSI S	0. 275097			74.00
75. 01 03480 ONCOLOGY	0. 353632			75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	1. 461381			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000			76. 98
76. 99 07699 LI THOTRI PSY	0. 000000			76. 99
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLI NI C	1. 338844			90.00
90. 01 09001 OP PSYCH	0. 451814			90. 01
91. 00 09100 EMERGENCY	0. 109591			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 360598			92. 00
OTHER REIMBURSABLE COST CENTERS				
101.00 10100 HOME HEALTH AGENCY				101. 00
200.00 Subtotal (see instructions)				200. 00
201.00 Less Observation Beds				201. 00
202.00 Total (see instructions)				202. 00

Peri od: Worksheet C
From 07/01/2019
To 06/30/2020 Part I
Date/Time Prepared: 11/25/2020 10:13 am Provider CCN: 15-0008

						11/25/2020 10	: 13 am_
			Ti tl	e XIX	Hospi tal	PPS	
	·				Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	cost center bescription			Total Costs		TOTAL COSTS	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2.00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000 ADULTS & PEDI ATRI CS	27, 370, 252		27, 370, 252	ol	27, 370, 252	30. 00
		1					
31. 00	03100 I NTENSI VE CARE UNI T	5, 245, 088		5, 245, 088		5, 248, 131	31. 00
40.00	04000 SUBPROVI DER - I PF	3, 651, 419		3, 651, 419		3, 651, 419	
41.00	04100 SUBPROVI DER - I RF	5, 077, 915		5, 077, 915	0	5, 077, 915	41.00
43.00	04300 NURSERY	797, 120		797, 120	0	797, 120	43.00
	ANCILLARY SERVICE COST CENTERS	· ·		· ·		<u> </u>	1
50. 00	05000 OPERATING ROOM	11, 262, 726		11, 262, 726	ol	11, 262, 726	50.00
51. 00	05100 RECOVERY ROOM						
		657, 495		657, 495		657, 495	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1, 762, 798		1, 762, 798		1, 762, 798	
53.00	05300 ANESTHESI OLOGY	482, 708		482, 708	0	482, 708	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	4, 527, 708		4, 527, 708	11, 157	4, 538, 865	54.00
54. 01	05401 ULTRASOUND	1, 017, 250		1, 017, 250		1, 017, 250	54. 01
54. 02	03040 AUDI OLOGY	1, 1, 1, 1, 1		0		0	54. 02
56. 00	05600 RADI OI SOTOPE	1, 629, 939		1, 629, 939		1, 629, 939	
57. 00	05700 CT SCAN	1, 687, 499		1, 687, 499		1, 687, 499	
59. 00	05900 CARDI AC CATHETERI ZATI ON	3, 457, 887		3, 457, 887		3, 481, 079	
60.00	06000 LABORATORY	8, 397, 938		8, 397, 938	19, 712	8, 417, 650	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1, 049, 731		1, 049, 731	0	1, 049, 731	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0		0	62. 30
63. 02	06301 NONI NVASI VE LAB	1, 559, 497		1, 559, 497		1, 559, 497	63. 02
65. 00	06500 RESPIRATORY THERAPY	2, 197, 336	0				1
						2, 197, 336	1
66. 00	06600 PHYSI CAL THERAPY	4, 837, 140		.,,		4, 837, 140	
67. 00	06700 OCCUPATI ONAL THERAPY	1, 950, 863	0	1, 950, 863	0	1, 950, 863	
68.00	06800 SPEECH PATHOLOGY	720, 845	0	720, 845	0	720, 845	68. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	511, 051		511, 051	0	511, 051	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 461, 213		4, 461, 213	ol	4, 461, 213	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	4, 032, 681		4, 032, 681		4, 032, 681	
73. 00	07300 DRUGS CHARGED TO PATIENTS	12, 367, 290		12, 367, 290		12, 367, 290	
	07300 DENAL DIALYCLE						
74. 00	07400 RENAL DI ALYSI S	1, 046, 784		1, 046, 784		1, 046, 784	
75. 01	03480 ONCOLOGY	1, 128, 731		1, 128, 731		1, 139, 455	
76. 97	07697 CARDI AC REHABI LI TATI ON	973, 888		973, 888	0	973, 888	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0	0	76. 98
76. 99	07699 LI THOTRI PSY	0		0	0	0	76. 99
	OUTPATIENT SERVICE COST CENTERS		•	•			1
90.00	09000 CLI NI C	556, 089		556, 089	3, 612	559, 701	90. 00
90. 01	09001 OP PSYCH	281, 990		281, 990		281, 990	
91. 00	09100 EMERGENCY	7, 266, 113		7, 266, 113		7, 266, 113	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4, 535, 735		4, 535, 735		4, 535, 735	92.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0		0		0	101. 00
200.00	Subtotal (see instructions)	126, 502, 719	0	126, 502, 719	71, 440	126, 574, 159	200. 00
201.00	1 /	4, 535, 735		4, 535, 735		4, 535, 735	
202.00		121, 966, 984					
202.00	Total (See Histractions)	121, 700, 704	1	121, 700, 704	11,440	122, 030, 424	1202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 07/01/2019 | Part I | To 06/30/2020 | Date/Time Prepared: | 11/25/2020 10:13 am | PPS Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0008 Title XIX

			11 11	e xi x	ноѕрі таі	PPS	
			Charges				
	Cost Center Description	Inpati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	, , , , , , , , , , , , , , , , , , ,			+ col. 7)	Ratio	Inpati ent	
				' 001. ')	Nati o	Ratio	
		6.00	7. 00	8. 00	9. 00	10. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	8.00	7.00	10.00	
	03000 ADULTS & PEDIATRICS	56, 984, 529		56, 984, 529			30.00
	03100 I NTENSI VE CARE UNI T	7, 201, 029		7, 201, 029			31. 00
	04000 SUBPROVI DER - I PF	14, 137, 240		14, 137, 240			40. 00
	04100 SUBPROVI DER - I RF	7, 199, 592		7, 199, 592			41. 00
	04300 NURSERY	1, 914, 164		1, 914, 164			43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	13, 243, 019	32, 088, 315	45, 331, 334	0. 248453	0.000000	50.00
51. 00	05100 RECOVERY ROOM	946, 467	1, 663, 692	2, 610, 159	0. 251898	0.000000	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	3, 036, 870	1, 217, 468	4, 254, 338	0. 414353	0.000000	52. 00
	05300 ANESTHESI OLOGY	1, 993, 184	4, 080, 764	6, 073, 948		0.000000	53.00
	05400 RADI OLOGY-DI AGNOSTI C	5, 365, 349	17, 558, 689		l .	0. 000000	54. 00
	05401 ULTRASOUND	1, 020, 715	6, 483, 480			0. 000000	1
	03040 AUDI OLOGY	1,020,713	0, 400, 400	7, 504, 179	0. 000000	0. 000000	54. 02
	05600 RADI OI SOTOPE	2, 029, 253	8, 025, 290		l .	0.000000	1
	l				l .		1
	05700 CT SCAN	8, 558, 435	20, 539, 453		l .	0. 000000	57. 00
	05900 CARDI AC CATHETERI ZATI ON	12, 757, 435	13, 697, 945		l .	0. 000000	1
	06000 LABORATORY	22, 474, 712	41, 774, 903			0.000000	60.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2, 006, 418	1, 019, 931	3, 026, 349		0.000000	
	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0. 000000	0.000000	62. 30
63. 02	06301 NONI NVASI VE LAB	5, 012, 610	9, 745, 103	14, 757, 713	0. 105673	0.000000	63. 02
65. 00	06500 RESPI RATORY THERAPY	8, 165, 576	1, 625, 476	9, 791, 052	0. 224423	0.000000	65. 00
66. 00	06600 PHYSI CAL THERAPY	5, 458, 359	7, 030, 791	12, 489, 150	0. 387307	0.000000	66. 00
	06700 OCCUPATI ONAL THERAPY	4, 395, 968	1, 483, 896	5, 879, 864	l .	0.000000	67. 00
	06800 SPEECH PATHOLOGY	872, 168	617, 937		l .	0. 000000	1
	07000 ELECTROENCEPHALOGRAPHY	316, 065	3, 982, 285			0. 000000	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5, 376, 970	5, 231, 869			0. 000000	71.00
	l						1
	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 959, 618	4, 594, 670			0.000000	72.00
	07300 DRUGS CHARGED TO PATIENTS	28, 849, 554	42, 431, 590			0. 000000	73. 00
	07400 RENAL DI ALYSI S	3, 418, 329	386, 819			0. 000000	74. 00
	03480 ONCOLOGY	36, 965	3, 185, 185		l .	0.000000	75. 01
	07697 CARDIAC REHABILITATION	158, 298	508, 118	666, 416		0.000000	76. 97
	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76. 98
	07699 LI THOTRI PSY	0	0	0	0.000000	0.000000	76. 99
	OUTPATIENT SERVICE COST CENTERS						
90. 00	09000 CLI NI C	1, 344	416, 704	418, 048	1. 330204	0.000000	90.00
90. 01	09001 OP PSYCH	7, 345	616, 783	624, 128	0. 451814	0.000000	90. 01
91. 00	09100 EMERGENCY	15, 194, 869	51, 107, 385	66, 302, 254	0. 109591	0.000000	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 788, 746	9, 789, 623			0. 000000	1
	OTHER REIMBURSABLE COST CENTERS	_,,	., , 5 , , 52 0	, 0, 0, 007	2. 000070	2. 000000	1 00
	10100 HOME HEALTH AGENCY	l ol	0	<u> </u>			101. 00
200.00	Subtotal (see instructions)	244, 881, 195	290, 904, 164	535, 785, 359			200. 00
200.00		244,001,193	270, 704, 104	333, 103, 339			200.00
201.00		244, 881, 195	290, 904, 164	535, 785, 359			201.00
202.00	Total (see instructions)	244, 001, 195	290, 904, 104	1 333, 763, 359	l l		1202.00

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008
Period:
From 07/01/2019
To 06/30/2020 Date/Time Prepared:

Title XIX Hospital PPS Inpatient Ratio					To 06/30/2020	Date/Time Prepared: 11/25/2020 10:13 am
Ratio 11.00				Title XIX	Hospi tal	
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00 300.00	Cos	t Center Description				
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 31.00 ADULTS & PEDI ATRI CS 31.00 41.00 43.00 ADULTS & PEDI ATRI CS 42.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.						
30.00			11.00			
31.00 03100 INTENSIVE CARE UNIT						
40.00 04000 SUBPROVI DER - I PF 41.00 43.00 43.00 MURSERY 41.00 43.00 AUSTRALIARY SERVI CE COST CENTERS 41.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00						
11. 00 04100 SUBPROVI DER - I RF 41.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00	1 1					
A3. 00 O4300 NURSERY						
ANCILLARY SERVICE COST CENTERS 50.00						
50. 00 05000 0FERATI NG ROOM						43.00
51.00 05100 RECOVERY ROOM 0.251898 51.00 05200 DELI VERY ROOM & LABOR ROOM 0.414353 52.00 05200 DELI VERY ROOM & LABOR ROOM 0.414353 52.00 05300 ANESTHESI OLOGY 0.079472 53.00 05400 RADI OLOGY-DI AGNOSTI C 0.197996 54.00 05401 ULTRASOUND 0.135558 54.01 05401 ULTRASOUND 0.135558 54.01 05401 ULTRASOUND 0.000000 55.00 05600 RADI OLOGY-DI AGNOSTI C 0.000000 0.135558 0.162110 0.000000 0.57.00 0.00000 0.57.00 0.00000 0.57.00 0.00000 0.57.00 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.00000 0.00000 0.00000 0.000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000			1			
S2.00 05200 DELI VERY ROOM & LABOR ROOM 0. 414353 52.00 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500 0. 500						
53.00 05300 ARSTHESI OLOGY 0.079472 53.00 05400 RADI OLOGY-DI AGNOSTI C 0.197996 54.00 54.00 54.00 54.01 05401 ULTRASOUND 0.135558 54.01 54.00 554.01 05401 ULTRASOUND 54.02 55.00 556.00 656.00 656.00 6500 RADI OLOGY-DI AGNOSTI C 0.000000 54.02 56.00 56.00 65000 RADI OLOGY 0.000000 55.00 57.00 0.5700 CT SCAN 0.057994 57.00 65.00 65000 CARDIA C CATHETERI ZATI ON 0.131553 59.00 60.00 60.00 60.00 LABORATORY 0.131015 60.00 60.00 WHOLE BLOOD & PACKED RED BLOOD CELL 0.346844 62.00 62.20 WHOLE BLOOD & PACKED RED BLOOD CELL 0.346844 62.00 62.30 60.250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 0.000000 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00			1			
54. 00 0540 RADI OLOCY_DI AGNOSTI C 0. 197996 0. 54. 01 0540 ULTRASOUND 0. 135558 54. 01 0540 ULTRASOUND 0. 135558 54. 01 0540 ULTRASOUND 0. 000000 54. 02 03040 AUDI OLOCY 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 55. 02 0. 000000 65. 00 0. 00000 ABORATORY 0. 131015 0. 000000 0. 00000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000						
54. 01 05401 ULTRASOUND 0. 135558 54. 01 54. 02 03040 AUDI OLOGY 0. 000000 54. 02 56. 00 05600 RADI OL SOTOPE 0. 162110 56. 00 57. 00 05700 CT SCAN 0. 057994 57. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0. 131583 59. 00 60. 00 06000 LABORATORY 0. 131015 60. 00 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0. 346864 62. 00 62. 00 06250 BLOOD CLOTTI ING FOR HEMOPHI LI ACS 0. 000000 0. 000000 63. 00 06300 RESPIRATORY THERAPY 0. 105673 63. 02 64. 00 06300 PHYSI CAL THERAPY 0. 224423 65. 00 65. 00 06500 PHYSI CAL THERAPY 0. 387307 66. 00 66. 00 06000 SPECH PATHOLOGY 0. 438755 68. 00 67. 00 07000 CUEPATI ONAL THERAPY 0. 118895 70. 00 70. 00 07000 CUEPATI ONAL SUPPLIES CHARGED TO PATI ENTS 0. 471422 72. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 471422 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 173500 73. 00 74. 00 07400 PHYSI CAL FRABILITATI ON 1. 461381 76. 97 76. 99 07698 HYPERBARI C OXYGEN THERAPY 0. 000000 0. 000000 76. 98 76. 99 07698 HYPERBARI C OXYGEN THERAPY 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 76. 90 07400 OFFICE ON THE RESERVICE COST CENTERS 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000			1			
54. 02 0340 AUDI OLOGY	1 1		1			
56.00 05600 RADI OI SOTOPE 0. 162110 57.00			1			
57. 00 05700 CT SCAN 0. 057994 57. 00 05900 CARDI AC CATHETERI ZATI ON 0. 131583 59. 00 06000 LABORATORY 0. 131015 60. 00 06000 LABORATORY 0. 131015 60. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0. 346864 62. 00 06250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 0. 000000 62. 30 62. 30 06250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 0. 000000 62. 30 63. 02 06301 NONI NVASI VE LAB 0. 105673 63. 02 65. 00 06500 RESPI RATORY THERAPY 0. 387307 66. 00 06600 PHYSI CAL THERAPY 0. 387307 66. 00 06600 PHYSI CAL THERAPY 0. 387307 66. 00 06600 PHYSI CENTRO						
59.00 05900 CARDI AC CATHETERI ZATI ON 0. 131583 0. 00000 CABORATORY 0. 00000 0. 00000 CABORATORY 0. 000000 0. 00000 0. 00000 0. 00000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000	1 1		1			
60. 00	57. 00 05700 CT	SCAN	0. 057994			57.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0. 346864 62. 00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0. 0000000 62. 30 06301 NONI NVASI VE LAB 0. 105673 63. 02 06301 NONI NVASI VE LAB 0. 105673 65. 00 06500 RESPIRATORY THERAPY 0. 224423 06. 00 06600 PHYSI CAL THERAPY 0. 381787 67. 00 06700 OCCUPATI ONAL THERAPY 0. 381787 07. 00 07.000 CLOTATI ONAL THERAPY 0. 381787 07. 00 07.000 CLOTATI ONAL THERAPY 0. 483755 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 08. 00 0	59. 00 05900 CAR	DIAC CATHETERIZATION	0. 131583			59.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0.000000 063.02 06301 NONIN NYASI VE LAB 0.105673 65. 00 06500 RESPIRATORY THERAPY 0.224423 65. 00 06600 PHYSI CAL THERAPY 0.387307 66. 00 06600 PHYSI CAL THERAPY 0.387307 67. 00 06700 0CCUPATI ONAL THERAPY 0.387355 68. 00 06800 SPEECH PATHOLOGY 0.483755 68. 00 06800 SPEECH PATHOLOGY 0.480755 07. 00 07000 LECTROENCEPHALOGRAPHY 0.118895 70. 00 07000 LECTROENCEPHALOGRAPHY 0.118895 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0.420518 71. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.471422 72. 00 07300 DRUGS CHARGED TO PATIENTS 0.471422 72. 00 07300 DRUGS CHARGED TO PATIENTS 0.173500 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.173500 73. 00 07400 RENAL DI ALYSIS 0.275097 74. 00 07697 CARDI AC REHABILITATI ON 1.461381 76. 97 07697 CARDI AC REHABILITATI ON 1.461381 76. 97 07699 LITHOTRI PSY 0.000000 76. 98 07699 LITHOTRI PSY 0.000000 0000000 76. 98 07699 LITHOTRI PSY 0.0000000 0000000 00000000 00000000			0. 131015			60.00
63. 02 06301 NONI NVASI VE LAB 0. 105673 63. 02 65. 00 06500 RESPI RATORY THERAPY 0. 224423 65. 00 66. 00 06600 PHYSI CAL THERAPY 0. 331787 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 0. 331787 67. 00 68. 00 06800 SPEECH PATHOLOGY 0. 483755 68. 00 67. 00 07000 ELECTROENCEPHALGGRAPHY 0. 118895 70. 00 67. 00 07000 ELECTROENCEPHALGGRAPHY 0. 420518 71. 00 67. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 471422 72. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 471422 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 471422 72. 00 74. 00 07400 RENAL DI ALYSI S 0. 275097 74. 00 75. 01 03480 ONCOLOGY 0. 353632 75. 01 76. 97 07697 CARDI AC REHABI LITATI ON 1. 461381 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0. 000000 76. 98 76. 99 07699 LI THOTRI PSY 0. 000000 76. 99 76. 99 0000 09000 CLI NI C 1. 338844 90. 00 90. 01 09001 OP PSYCH 0. 451814 90. 01 91. 00 09000 CLI NI C 0. 451814 90. 01 92. 00 09000 DEMERGENCY 0. 109591 91. 00 92. 00 09000 DEMERGENCY 0. 109591 91. 00 92. 00 09000 DEMERGENCY 0. 109598 92. 00 92. 00 09000 DEMERGENCY 0. 109598 92. 00 92. 00 09000 DEMERGENCY 0. 109598 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00 92. 00 09000 DEMERGENCY 0. 109591 92. 00	62.00 06200 WHO	LE BLOOD & PACKED RED BLOOD CELL	0. 346864			62.00
65. 00 06500 RESPI RATORY THERAPY 0. 224423 65. 00 66. 00 06600 PHYSI CAL THERAPY 0. 387307 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 6	62. 30 06250 BL0	OD CLOTTING FOR HEMOPHILIACS	0. 000000			62. 30
66. 00 06600 PHYSI CAL THERAPY 0.387307 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 0.331787 67. 00 06800 SPEECH PATHOLOGY 0.483755 68. 00 07000 ELECTROENCEPHALOGRAPHY 0.118895 70. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0.420518 71. 00 07300 DRUGS CHARGED TO PATI ENTS 0.471422 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0.173500 07300 DRUGS CHARGED TO PATI ENTS 0.275097 74. 00 07400 RENAL DI ALYSI S 0.275097 74. 00 07400 RENAL DI ALYSI S 0.353632 75. 01 07400 RENAL DI ALYSI S 0.353632 75. 01 07400 RENAL DI ALYSI S 0.353632 76. 97 07697 CARDI AC REHABI LI TATI ON 1.461381 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0.000000 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0.000000 07699 LI THOTRI ENT SERVI CE COST CENTERS 0.000000 09000 CLI NI C 0.451814 90. 01 09001 0P PSYCH 0.451814 90. 01 09001 0P PSYCH 0.451814 90. 01 09001 0P SYCH 0.451814 90. 01 09000 0P SERVATI ON BEDS (NON-DI STI NCT PART 0.360598 09200 09SERVATI ON BEDS (NON-DI STI NCT PART 0.360598 09200 09SERVATI ON BEDS (NON-DI STI NCT PART 0.360598 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200 09200	63. 02 06301 NON	II NVASI VE LAB	0. 105673			63. 02
67. 00 06700 OCCUPATI ONAL THERAPY 0. 331787 67. 00 68. 00 SPEECH PATHOLOGY 0. 483755 68. 00 07000 ELECTROENCEPHALOGRAPHY 0. 118895 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0. 420518 71. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 471422 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 173500 07300 DRUGS CHARGED TO PATI ENTS 0. 173500 07400 RENAL DI ALYSI S 0. 275097 73. 00 07400 RENAL DI ALYSI S 0. 275097 75. 01 03480 ONCOLOGY 0. 353632 75. 01 76. 97 07697 CARDI AC REHABI LI TATI ON 1. 461381 76. 97 07699 LI THOTRI PSY 0. 000000 07699 LI THOTRI PSY 0. 000000 00000 00000 00000 00000 000000	65. 00 06500 RES	PI RATORY THERAPY	0. 224423			65. 00
68. 00 06800 SPEECH PATHOLOGY 0. 483755 70. 00 70. 00 ELECTROENCEPHALOGRAPHY 0. 118895 70. 00 70. 00 ELECTROENCEPHALOGRAPHY 0. 118895 70. 00 70. 00 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0. 420518 71. 00 72. 00 72. 00 72. 00 72. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73	66. 00 06600 PHY	SICAL THERAPY	0. 387307			66. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY 0. 118895 70. 00 71. 00 71. 00 MEDI CAL SUPPLIES CHARGED TO PATIENT 0. 420518 71. 00 72. 00 77200 IMPL. DEV. CHARGED TO PATIENTS 0. 471422 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 173500 73. 00 74. 00 07400 RENAL DI ALYSIS 0. 275097 74. 00 75. 01 03480 0NCOLOGY 0. 353632 75. 01 03480 0NCOLOGY 0. 353632 75. 01 07697 CARDI AC REHABI LI TATI ON 1. 461381 76. 97 7699 LI THOTRI PSY 0. 000000 76. 98 07699 LI THOTRI PSY 0. 000000 76. 99 0UTPATI ENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 0. 451814 90. 01 91. 00 09100 EMERGENCY 0. 109591 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART 0. 360598 92. 00 09200 Subtotal (see instructions) Less Observation Beds 201. 00 0201. 00 Less Observation Beds 201. 00 00. 00000 00. 00. 00000 00. 00.	67.00 06700 0CC	CUPATI ONAL THERAPY	0. 331787			67. 00
71. 00	68. 00 06800 SPE	ECH PATHOLOGY	0. 483755			68. 00
72. 00	70. 00 07000 ELE	CTROENCEPHALOGRAPHY	0. 118895			70.00
72. 00	71.00 07100 MED	ICAL SUPPLIES CHARGED TO PATIENT	0. 420518			71.00
74. 00			0. 471422			72.00
75. 01	73. 00 07300 DRU	IGS CHARGED TO PATIENTS	0. 173500			73.00
75. 01	74. 00 07400 REN	IAL DI ALYSI S	0. 275097			74. 00
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 0. 000000 76. 98 76. 99 07699 LI THOTRI PSY 0. 000000 76. 99 000000 000000 000000 000000 000000			0. 353632			75. 01
76. 99 07699 LI THOTRI PSY 0. 000000 76. 99 OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 1. 338844 90. 01 90. 01 09001 OP PSYCH 0. 451814 90. 01 91. 00 09100 EMERGENCY 0. 109591 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0. 360598 92. 00 OTHER REI MBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY Subtotal (see instructions) Less Observation Beds 201. 00	76. 97 07697 CAR	DIAC REHABILITATION	1. 461381			76. 97
OUTPATIENT SERVICE COST CENTERS 90.00	76. 98 07698 HYP	PERBARIC OXYGEN THERAPY	0. 000000			76. 98
OUTPATIENT SERVICE COST CENTERS 90.00	76. 99 07699 LIT	HOTRI PSY	0. 000000			76. 99
90. 01 09001 0P PSYCH 0. 451814 90. 01 09100 EMERGENCY 0. 109591 91. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0. 360598 92. 00 OTHER REI MBURSABLE COST CENTERS 101. 00 10100 HEALTH AGENCY 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00 201. 00 Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control						
90. 01 09001 0P PSYCH 0. 451814 90. 01 09100 EMERGENCY 0. 109591 91. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0. 360598 92. 00 OTHER REI MBURSABLE COST CENTERS 101. 00 10100 HEALTH AGENCY 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00 201. 00 Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control			1. 338844			90.00
91. 00 09100 EMERGENCY 0. 109591 0. 360598 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360598 0. 360						
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART 0.360598 92. 00 0THER REIMBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 101. 00 200. 00 Subtotal (see instructions) 200. 00 Less Observation Beds 201. 00	1 1		1			
OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 101.00 200.00 Subtotal (see instructions) 200.00 201.00 Less Observation Beds 201.00			1			
101.00		`	2: 222270			72.00
200. 00 Subtotal (see instructions) 200. 00 201. 00 Less Observation Beds 201. 00						101.00
201.00 Less Observation Beds 201.00	1 1					
	1 1					
	1 1					

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lieu	u of Form CMS-2552-10
CALCULATION OF OUTPATIENT SERVICE COS	TT TO CHARGE RATIOS NET OF	Provider CCN: 15-0008	Peri od:	Worksheet C
REDUCTIONS FOR MEDICALD ONLY			From 07/01/2019	

REDUCTIONS FOR WEDICALD UNET			To	06/30/2020	Date/Time Pre 11/25/2020 10	
		Ti tl	e XIX	Hospi tal	PPS	. 10 am
Cost Center Description			Operating Cost	Capi tal	Operating Cost	
	(Wkst. B, Part)	(Wkst. B, Part	Net of Capital	Reducti on	Reduction	
	I, col. 26)	II col. 26)	Cost (col. 1 -		Amount	
			col . 2)			
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM	11, 262, 726	994, 348		0	0	50. 00
51.00 05100 RECOVERY ROOM	657, 495	16, 339	· ·	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 762, 798	51, 950		0	0	52. 00
53. 00 05300 ANESTHESI OLOGY	482, 708	66, 747	415, 961	0	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 527, 708	541, 480		0	0	54.00
54. 01 05401 ULTRASOUND	1, 017, 250	119, 104	898, 146	0	0	54. 01
54. 02 03040 AUDI OLOGY	0	0	0	0	0	54. 02
56. 00 05600 RADI 0I SOTOPE	1, 629, 939	68, 842		0	0	56. 00
57. 00 05700 CT SCAN	1, 687, 499	173, 399		0	0	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	3, 457, 887	497, 272		0	0	59. 00
60. 00 06000 LABORATORY	8, 397, 938	336, 096		0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1, 049, 731	49, 805	999, 926	0	0	62. 00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62. 30
63. 02 06301 NONI NVASI VE LAB	1, 559, 497	245, 852	1, 313, 645	0	0	63. 02
65. 00 06500 RESPI RATORY THERAPY	2, 197, 336	83, 468		0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	4, 837, 140	138, 313	4, 698, 827	0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	1, 950, 863	39, 388	1, 911, 475	0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	720, 845	18, 058	702, 787	0	0	68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	511, 051	57, 626	453, 425	0	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 461, 213	13, 366	4, 447, 847	0	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4, 032, 681	11, 994	4, 020, 687	0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	12, 367, 290	220, 413	12, 146, 877	0	0	73. 00
74. 00 07400 RENAL DI ALYSI S	1, 046, 784	10, 670	1, 036, 114	0	0	74.00
75. 01 03480 ONCOLOGY	1, 128, 731	62, 592	1, 066, 139	0	0	75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	973, 888	75, 181	898, 707	0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76. 98
76. 99 07699 LI THOTRI PSY	0	0	0	0	0	76. 99
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	556, 089	39, 666	516, 423	0	0	90. 00
90. 01 09001 0P PSYCH	281, 990	14, 860	267, 130	0	0	90. 01
91. 00 09100 EMERGENCY	7, 266, 113	237, 025	7, 029, 088	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	4, 535, 735	179, 493	4, 356, 242	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101. 00
200.00 Subtotal (sum of lines 50 thru 199)	84, 360, 925	4, 363, 347	79, 997, 578	0	0	200. 00
201.00 Less Observation Beds	4, 535, 735	179, 493	4, 356, 242	0	0	201. 00
202.00 Total (line 200 minus line 201)	79, 825, 190	4, 183, 854	75, 641, 336	0	0	202. 00

Health Financial Systems	ST. CATHERINE H	OSPI TAL	In Lieu	u of Form CMS-2552-10
CALCULATION OF OUTPATIENT SERVICE CO REDUCTIONS FOR MEDICAID ONLY	ST TO CHARGE RATIOS NET OF	Provider CCN: 15-0008	From 07/01/2019	Worksheet C Part II Date/Time Prepared:

Cost Center Description					00/30/2020	11/25/2020 10	
Cost Center Description			Ti tl	e XIX	Hospi tal		
Capital and Operating Cost Cost to Charge Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cos	Cost Center Description	Cost Net of			<u> </u>		
ANCILLARY SERVICE COST CENTERS	' '	Capital and					
ANCILLARY SERVICE COST CENTERS		Operating Cost					
ANCILLARY SERVICE COST CENTERS 50.00		Reduction	8)	/ col. 7)			
50.00 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 05000 050000 050000 050000 050000 050000 050000 050000 0500000 0500000 0500000 0500000 05000000 05000000 050000000 050000000 0500000000		6. 00	7. 00	8. 00			
51.00	ANCILLARY SERVICE COST CENTERS						
52.00 05.200 05.200 05.11 VERY ROOM & LABOR ROOM 1,762,798 4,254,338 0.414353 52.00	50. 00 05000 OPERATI NG ROOM	11, 262, 726	45, 331, 334	0. 248453			50. 00
53.00 05300 ABSTOLES DLOGY AB2, 708 6, 073, 948 0, 079472 53.00	51.00 05100 RECOVERY ROOM	657, 495	2, 610, 159	0. 251898			51.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C 4, 527, 708 22, 924, 038 0, 197509 54, 00 05401 ULTRASOUND 1, 017, 250 7, 504, 195 0, 135558 54. 01 05401 ULTRASOUND 1, 017, 250 7, 504, 195 0, 135558 54. 01 05400 0, 0000000 54. 02 0, 0000000 54. 02 0, 0000000 54. 02 0, 00000000 54. 02 0, 00000000 54. 02 0, 00000000 54. 02 0, 00000000 54. 02 0, 00000000 54. 02 0, 00000000 54. 02 0, 00000000 54. 02 0, 0000000000000000000000000000000	52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 762, 798	4, 254, 338	0. 414353			52. 00
54. 01 05401 ULTRASOUND	53. 00 05300 ANESTHESI OLOGY	482, 708	6, 073, 948	0. 079472			53. 00
54. 02 03404 AUDI OLOGY 0 0 0 0 0 0 0 0 0	54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 527, 708	22, 924, 038	0. 197509			54.00
56. 00 05600 RADIO I SOTOPE 1,629,939 10,054,543 0.162110 56.00 05700 CT SCAN 1,687,499 29,097,888 0.057994 57.00 59.00 05900 CARDI AC CATHETERI ZATI ON 3,457,887 86.4,55,380 0.130706 59.00 60.00 06000 LABORATORY 8,397,938 64,249,615 0.130708 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00	54. 01 05401 ULTRASOUND	1, 017, 250	7, 504, 195	0. 135558			54. 01
57. 00 05700 CT SCAN 1,687,499 29,097,888 0.057994 57.00 60.00 05900 CARDI AC CATHETERI ZATI ON 3,457,887 26,455,380 0.130706 59.00 60.00 06000 LABORATORY 8,397,938 64,249,615 0.130708 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 1,049,731 3,026,349 0.346864 62.00 62.30 62.50 BLOOD CLOTTI ING FOR HEMOPHI LI ACS 0 0 0 0 0.000000 62.30 63.02 06301 NONI NVASI VE LAB 1,559,497 14,757,713 0.105673 63.02 65.00 06500 RESPI RATORY THERAPY 2,197,336 9,791,052 0.224423 65.00 66.00 06600 OKORO CAL THERAPY 4,837,140 12,489,150 0.387307 66.00 06600 PHYSI CAL THERAPY 1,950,863 7.20,845 1,490,105 0.483755 68.00 06800 SPECCH PATHOLOGY 720,845 1,490,105 0.483755 68.00 06800 SPECCH PATHOLOGY 720,845 1,490,105 0.483755 68.00 071.00 07000 ELECTROEPCEPHALOGRAPHY 511,051 4,461,213 10,608,839 0.420518 71.00 72.00 07200 IMPL DEV. CHARGED TO PATI ENTS 4,032,661 8,554,288 0.471422 72.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 1,2367,290 71,281,144 0.173500 73.00 73.00 74.00 CRIVAL CHARGED TO PATI ENTS 1,287,731 3,222,150 0.350304 75.01 76.99 07697 CARDI AC REHABILITATI ON 973,888 666,416 1.461381 76.97 76.99 07697 CARDI AC REHABILITATI ON 973,888 666,416 1.461381 76.97 76.99 07699 LITHOTERI PSY 0 0 0.000000 76.99 000000000 0000000 0000000 76.99 0000000000000 000000000000000000	54. 02 03040 AUDI OLOGY	0	0	0.000000			54. 02
59, 00 05900 CARDIAC CATHETERI ZATION 3, 457, 887 26, 455, 380 0, 130706 60. 00 60.00 LABORATORY 60. 00 60.00 LABORATORY 60. 00 60.00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 63. 00 62. 00 62. 00 62. 00 63. 00 62. 00 62. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 6	56. 00 05600 RADI 0I SOTOPE	1, 629, 939	10, 054, 543	0. 162110			56. 00
59, 00 05900 CARDIAC CATHETERI ZATION 3, 457, 887 26, 455, 380 0, 130706 59, 00	57. 00 05700 CT SCAN	1, 687, 499	29, 097, 888	0. 057994			57. 00
62. 00	59. 00 05900 CARDI AC CATHETERI ZATI ON			0. 130706			59. 00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHI LI ACS 0 0 0.000000 0 62. 30 63. 02 06301 NONI NVASI VE LAB 1,559,497 14,757,713 0.105673 63. 02 65. 00 06500 RESPI RATORY THERAPY 2,197,336 9,791,052 0.224423 0.50000000 66. 00 06600 PHYSI CAL THERAPY 4,837,140 12,489,150 0.387307 0.6000 67. 00 06700 OCCUPATI ONAL THERAPY 1,950,863 5,879,864 0.331787 0.7000 68. 00 06800 SPECCH PATHOLOGY 720,845 1,490,105 0.483755 0.6800 69. 00 07000 ELECTROENCEPHALOGRAPHY 511,051 4,298,350 0.118895 70.00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 4,461,213 10,608,839 0.420518 71.00 72. 00 07200 I MPL DEV. CHARGED TO PATI ENTS 12,367,290 71,281,144 0.173500 73.00 74. 00 07400 RENAL DI LAVIS 1,046,784 3,805,148 0.275097 74.00 75. 01 03480 NOCOLOGY 1,128,731 3,222,150 0.350304 75.01 76. 97 07697 CARDI AC REHABI LI TATI ON 973,888 666,416 1,461381 76.97 76. 98 07699 LI THOTRI PSY 0 0 0 0.000000 76.99 0017941 ENT SERVICE COST CENTERS 281,990 624,128 0.451814 90.01 90. 01 09000 CLI NI C 556,089 418,048 1.330204 90.00 90. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART 4,535,735 12,578,369 0.300000 010100 BMERGENCY 0 0 0.000000 070100 DOS Subtotal (sum of lines 50 thru 199) 84,360,925 448,348,805 0.000000 0201.00 Subtotal (sum of lines 50 thru 199) 84,360,925 448,348,805 0.0000000 0.000000 0201.00 0000 CLINIC (sum of lines 50 thru 199) 84,360,925 448,348,805 0.0000000 0.00000000000 0201.00 OS Subtotal (sum of lines 50 thru 199) 84,360,925 448,348,805 0.000000000000000000000000000000000	60. 00 06000 LABORATORY	8, 397, 938	64, 249, 615	0. 130708			60.00
63. 02 06301 NONI NVASI VE LAB 1, 559, 497 14, 757, 713 0. 105673 65. 00 6500 RESPIRATORY THERAPY 2, 197, 336 9, 791, 052 0. 224423 65. 00 66. 00 6600 PHYSIATORY THERAPY 4, 837, 140 12, 489, 150 0. 387307 66. 00 06700 OCCUPATI ONAL THERAPY 1, 950, 863 5, 879, 864 0. 331787 67. 00 67. 00 06700 SPECCH PATHOLOGY 720, 845 1, 490, 105 0. 483755 68. 00 06800 SPECCH PATHOLOGY 720, 845 1, 490, 105 0. 483755 68. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 4, 461, 213 10, 608, 839 0. 420518 71. 00 07200 I MPL. DEV. CHARGED TO PATI ENT 4, 461, 213 10, 608, 839 0. 420518 71. 00 07300 DRUGS CHARGED TO PATI ENTS 4, 032, 681 8, 554, 288 0. 471422 72. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 70, 200 00 0. 0000000 75. 000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 0000000 75. 01 00000000 75. 01 0000000 75. 01 00000000 75. 01 0000000 75. 01 0000000 75. 01 00000000 75. 01 00000000 75. 01 00000000 75. 01 00000000 75. 01 00000000 75. 01 00000000 75. 01 00000000 75. 01 00000000 75. 01 0000000000000000000000000000000000	62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1, 049, 731	3, 026, 349	0. 346864			62. 00
65.00 06500 RESPI RATORY THERAPY 2, 197, 336 9, 791, 052 0. 224423 65.00 66.00 06600 PHYSI CAL THERAPY 4, 837, 140 12, 489, 150 0. 387307 66.00 67. 00 06700 OCCUPATI ONAL THERAPY 1, 950, 863 5, 879, 864 0. 331787 67.00 68. 00 06800 SPEECH PATHOLOGY 720, 845 1, 490, 105 0. 483755 68.00 70. 00 07000 ELECTROENCEPHALOGRAPHY 511, 051 4, 298, 350 0. 118895 70.00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 4, 461, 213 10, 608, 839 0. 420518 71.00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 032, 681 8, 554, 288 0. 471422 72.00 73. 00 07300 DRUGS CHARGED TO PATIENTS 12, 367, 290 71, 281, 144 0. 173500 73.00 74. 00 07400 RENAL DIALYSIS 1, 046, 784 3, 805, 148 0. 275097 74.00 75. 01 03480 ONCOLOGY 1, 128, 731 3, 222, 150 0. 350304 75.01 76. 97 07697 CARDI AC REHABI LI TATI ON 973, 888 666, 416 1. 461381 76.97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0. 000000 76.98 76. 99 07000 CLI NI C 556, 089 418, 048 1. 330204 90.01 90. 01 09001 OP PSYCH 281, 990 624, 128 0. 451814 90.01 91. 00 99000 CLI NI C 556, 089 418, 048 1. 330204 90.01 92. 00 09000 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91.00 92. 00 09000 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91.00 92. 00 09000 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91.00 92. 00 ODTHER REIMBURSABLE COST CENTERS 90.00000 0. 000000 0. 000000 90. 01 ODTO HOME HEALTH AGENCY 0 0 0. 000000 0. 000000 90. 01 ODTO HOME HEALTH AGENCY 0 0 0. 000000 0. 000000 90. 01 ODTO HOME HEALTH AGENCY 0 0 0. 000000 0. 000000 90. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 0. 000000 0. 000000 90. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 0. 000000000 0. 000000000 0. 00000000	62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000			62. 30
65.00 06500 RESPI RATORY THERAPY 2, 197, 336 9, 791, 052 0. 224423 65.00 66.00 06600 PHYSI CAL THERAPY 4, 837, 140 12, 489, 150 0. 387307 66.00 67. 00 06700 OCCUPATI ONAL THERAPY 1, 950, 863 5, 879, 864 0. 331787 67.00 68. 00 06800 SPEECH PATHOLOGY 720, 845 1, 490, 105 0. 483755 68.00 70. 00 07000 ELECTROENCEPHALOGRAPHY 511, 051 4, 298, 350 0. 118895 70.00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 4, 461, 213 10, 608, 839 0. 420518 71.00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 032, 681 8, 554, 288 0. 471422 72.00 73. 00 07300 DRUGS CHARGED TO PATIENTS 12, 367, 290 71, 281, 144 0. 173500 73.00 74. 00 07400 RENAL DIALYSIS 1, 046, 784 3, 805, 148 0. 275097 74.00 75. 01 03480 ONCOLOGY 1, 128, 731 3, 222, 150 0. 350304 75.01 76. 97 07697 CARDI AC REHABI LI TATI ON 973, 888 666, 416 1. 461381 76.97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0. 000000 76.98 76. 99 07000 CLI NI C 556, 089 418, 048 1. 330204 90.01 90. 01 09001 OP PSYCH 281, 990 624, 128 0. 451814 90.01 91. 00 99000 CLI NI C 556, 089 418, 048 1. 330204 90.01 92. 00 09000 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91.00 92. 00 09000 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91.00 92. 00 09000 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91.00 92. 00 ODTHER REIMBURSABLE COST CENTERS 90.00000 0. 000000 0. 000000 90. 01 ODTO HOME HEALTH AGENCY 0 0 0. 000000 0. 000000 90. 01 ODTO HOME HEALTH AGENCY 0 0 0. 000000 0. 000000 90. 01 ODTO HOME HEALTH AGENCY 0 0 0. 000000 0. 000000 90. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 0. 000000 0. 000000 90. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 0. 000000000 0. 000000000 0. 00000000	63. 02 06301 NONI NVASI VE LAB	1, 559, 497	14, 757, 713	0. 105673			63. 02
67. 00	65. 00 06500 RESPIRATORY THERAPY	2, 197, 336					65. 00
68. 00	66. 00 06600 PHYSI CAL THERAPY	4, 837, 140	12, 489, 150	0. 387307			66. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY 511, 051 4, 298, 350 0. 118895 70. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 4, 461, 213 10, 608, 839 0. 420518 71. 00 72. 00 1700 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 4, 032, 681 8, 554, 288 0. 471422 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 12, 367, 290 71, 281, 144 0. 173500 73. 00 07400 RENAL DI ALYSI S 1, 046, 784 3, 805, 148 0. 275097 74. 00 07400 RENAL DI ALYSI S 1, 128, 731 3, 222, 150 0. 350304 75. 01 03480 0NCOLOGY 1, 128, 731 3, 222, 150 0. 350304 75. 01 076. 97 07697 CARDI AC REHABI LI TATI ON 973, 888 666, 416 1. 461381 76. 97 07699 HYPERBARI C 0XYGEN THERAPY 0 0 0. 0.000000 76. 99 07699 LI THOTRI PSY 0 0 0. 0.000000 76. 99 07699 LI THOTRI PSY 0 0 0. 0.000000 76. 99 000 09000 CLI NI C 9. 000000 00000 00000 00000 00000 00000 0000	67. 00 06700 OCCUPATI ONAL THERAPY	1, 950, 863	5, 879, 864	0. 331787			67. 00
71. 00	68. 00 06800 SPEECH PATHOLOGY	720, 845	1, 490, 105	0. 483755			68. 00
72. 00	70. 00 07000 ELECTROENCEPHALOGRAPHY	511, 051	4, 298, 350	0. 118895			70. 00
73. 00	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 461, 213	10, 608, 839	0. 420518			71. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS 12, 367, 290 71, 281, 144 0. 173500 74. 00 07400 RENAL DIALYSIS 1, 046, 784 3, 805, 148 0. 275097 74. 00 75. 01 03480 ONCOLOGY 1, 128, 731 3, 222, 150 0. 350304 75. 01 76. 97 07697 CARDI AC REHABILITATI ON 973, 888 666, 416 1. 461381 76. 97 0. 00 0. 000000 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0. 0000000 76. 99 0000 CLI NI C 0. 000000 0. 0000000 76. 99 0000 CLI NI C 0. 000000 0. 0000000 0. 0000000 0. 000000	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4, 032, 681	8, 554, 288	0. 471422			72.00
74. 00	73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
75. 01 03480 ONCOLOGY							
76. 97 76. 97 76. 98 76. 98 76. 99 07699 HYPERBARI C OXYGEN THERAPY 0 0 0 0.000000 76. 98 76. 99 00TPATIENT SERVICE COST CENTERS 90. 00 90.01 90.01 90.01 90.00 90.01 90.00 90.01 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 9							75. 01
76. 98 76. 99 76. 99 76. 99 76. 99 00000000000000000000000000000000000							
76. 99 O7699 LI THOTRI PSY O O O .0000000			1				76. 98
OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 556, 089 418, 048 1.330204 90. 00 90. 01 09001 OP PSYCH 281, 990 624, 128 0.451814 90. 01 91. 00 09100 EMERGENCY 7, 266, 113 66, 302, 254 0.109591 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART d. 535, 735 12, 578, 369 0.360598 92. 00 0THER REIMBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0.000000 0.000000 101. 00 200. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 0 200. 00 201. 00 Less Observation Beds 4, 535, 735 0 0 201. 00			l e				
90. 00 09000 CLI NI C 556, 089 418, 048 1. 330204 90. 00 90. 01 09001 OP PSYCH 281, 990 624, 128 0. 451814 90. 01 91. 00 09100 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 91. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART 4, 535, 735 12, 578, 369 0. 360598 92. 00 OTHER REIMBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0. 000000 0000000 101. 00 0000000000							
90. 01		556, 089	418, 048	1. 330204			90.00
91. 00 09100 EMERGENCY 7, 266, 113 66, 302, 254 0. 109591 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART 4, 535, 735 12, 578, 369 0. 360598 92. 00 OTHER REI MBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0. 0000000 101. 00 200. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 200. 00 201. 00 Less Observation Beds 4, 535, 735 0 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00	90. 01 09001 OP PSYCH						90. 01
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART 4,535,735 12,578,369 0.360598 92. 00 OTHER REIMBURSABLE COST CENTERS 101. 00 10100 HOME HEALTH AGENCY 0 0.000000 0.000000 101. 00 200. 00 Subtotal (sum of lines 50 thru 199) 84,360,925 448,348,805 200. 00 201. 00 Less Observation Beds 4,535,735 0 201. 00							1
OTHER REI MBURSABLE COST CENTERS 101. 00							
101. 00 10100 HOME HEALTH AGENCY 0 0.000000 101. 00 200. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 200. 00 201. 00 Less Observation Beds 4, 535, 735 0 201. 00		., .,	,,,,	2. 222070			1
200. 00 Subtotal (sum of lines 50 thru 199) 84, 360, 925 448, 348, 805 201. 00 Less Observation Beds 4, 535, 735 0		0	0	0. 000000			101. 00
201. 00 Less Observation Beds 4, 535, 735 0 201. 00							

Heal th	Financial Systems	ST. CATHERIN	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL C		COSTS	Provider Co	!	Period: From 07/01/2019 Fo 06/30/2020	Worksheet D Part I Date/Time Prep 11/25/2020 10:	
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
		Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
		(from Wkst. B,		Related Cost			
		Part II, col.		(col. 1 - col			
		26)		2)			
		1.00	2. 00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1, 083, 128	l e	1, 083, 12	1	36. 48	
31.00	INTENSIVE CARE UNIT	240, 714		240, 71	4 2, 719	88. 53	31. 00
40.00	SUBPROVIDER - IPF	146, 851	0	146, 85			40. 00
41.00	SUBPROVIDER - IRF	238, 449	0	238, 44	5, 623	42. 41	41. 00
43.00	NURSERY	23, 480		23, 48	1, 064	22. 07	43.00
200.00	Total (lines 30 through 199)	1, 732, 622		1, 732, 62	2 42, 768		200. 00
	Cost Center Description	I npati ent	I npati ent				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)				
		6. 00	7. 00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7, 103					30. 00
31. 00	INTENSIVE CARE UNIT	915					31. 00
40.00	SUBPROVIDER - IPF	1, 526					40. 00
41.00	SUBPROVIDER - IRF	3, 654	154, 966				41. 00
43.00	NURSERY	0	0				43. 00
200.00	Total (lines 30 through 199)	13, 198	556, 204				200. 00

Health Financial Systems ST		ST. CATHERINE H	IOSPI TAL		In Lieu of Form CMS-2552-10	
ADDODELONMENT OF INDATIONE	ANCILLARY CERVICE CARLEAL	COCTC	Dravidor CCN, 1F 0000	Donied.	Washahaat D	

Health Financial Systems	ST. CATHERIN	IE HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 15-0008	Peri od: From 07/01/2019	Worksheet D Part II	
				To 06/30/2020	Date/Time Pre 11/25/2020 10	pared:
		Title	e XVIII	Hospi tal	PPS	. IS alli
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	. (column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS		15 004 004				
50. 00 05000 OPERATING ROOM	994, 348					
51. 00 05100 RECOVERY ROOM	16, 339					
52. 00 05200 DELIVERY ROOM & LABOR ROOM	51, 950				166	
53. 00 05300 ANESTHESI OLOGY	66, 747					1
54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 05401 ULTRASOUND	541, 480					1
54. 01 0540 0LTRASOUND 54. 02 03040 AUDI OLOGY	119, 104					1
56. 00 05600 RADI OLOGY	68, 842	_			_	
57. 00 05700 CT SCAN	173, 399					1
59. 00 05900 CARDI AC CATHETERI ZATI ON	497, 272					
60. 00 06000 LABORATORY	336, 096					1
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49, 805				8, 328	
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0					62. 30
63. 02 06301 NONI NVASI VE LAB	245, 852	_	1		_	63. 02
65. 00 06500 RESPIRATORY THERAPY	83, 468					
66. 00 06600 PHYSI CAL THERAPY	138, 313		•			1
67. 00 06700 OCCUPATI ONAL THERAPY	39, 388					
68. 00 06800 SPEECH PATHOLOGY	18, 058					
70. 00 07000 ELECTROENCEPHALOGRAPHY	57, 626	4, 298, 350	0. 01340	7 130, 553	1, 750	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 366	10, 608, 839	0. 00126	0 2, 024, 875	2, 551	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11, 994	8, 554, 288	0. 00140	2 1, 416, 703	1, 986	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	220, 413					
74.00 07400 RENAL DIALYSIS	10, 670	3, 805, 148	0. 00280	4 1, 211, 918	3, 398	
75. 01 03480 ONCOLOGY	62, 592				0	75. 01
76. 97 07697 CARDIAC REHABILITATION	75, 181	666, 416			6, 196	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	C	1 0.0000			76. 98
76. 99 07699 LI THOTRI PSY	0	C	0.00000	0 0	0	76. 99
OUTPATIENT SERVICE COST CENTERS	T	T		.T _		
90. 00 09000 CLI NI C	39, 666				_	90.00
90. 01 09001 0P PSYCH	14, 860					
91. 00 09100 EMERGENCY	237, 025					1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 200.00 Total (lines 50 through 199)	179, 493 4, 363, 347			0 1, 042, 538 47, 565, 752		
200.00 Total (Titles 50 tillough 199)	4, 303, 347	440, 340, 803	וי	47, 303, 732	440, 339	₁ 200.00

Health Financial Systems	ST. CATHERIN			In Lie	eu of Form CMS-	2552-10	
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 15-0008 Period: Worksheet D							
				From 07/01/2019			
				To 06/30/2020	Date/Time Pre 11/25/2020 10	pared:	
		Title	xVIII	Hospi tal	PPS	. IJ alli	
Cost Center Description	Nursing School			h Allied Health	All Other		
cost center bescription	Post-Stepdown	liui si ng school	Post-Stepdow		Medi cal		
	Adjustments		Adjustments		Education Cost		
	1A	1. 00	2A	2. 00	3. 00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0)	0 0	0	31.00	
40. 00 04000 SUBPROVI DER - 1 PF	0	0)	0 0	0	40.00	
41. 00 04100 SUBPROVI DER - RF	0	0)	0	0	41.00	
43. 00 04300 NURSERY	0	0)	0	0	43.00	
200.00 Total (lines 30 through 199)	0	0)	0 0	0	200.00	
Cost Center Description	Swi ng-Bed	Total Costs	Total Patien	t Per Diem (col.	Inpatient		
· ·	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days		
	Amount (see	1 through 3,					
	instructions)	minus col. 4)					
	4.00	5. 00	6.00	7. 00	8. 00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	29, 69	95 0.00	7, 103	30.00	
31.00 03100 INTENSIVE CARE UNIT		0	2, 7				
40. 00 04000 SUBPROVI DER - 1 PF	0	0	3, 66				
41. 00 04100 SUBPROVI DER - I RF	0	0	5, 62				
43. 00 04300 NURSERY		0	.,		l .		
200.00 Total (lines 30 through 199)		0	42, 76	58	13, 198	200. 00	
Cost Center Description	I npati ent						
	Program						
	Pass-Through						
	Cost (col. 7 x						
	col . 8)						
INDATIONE DOUTING CODYLOG COCT CONTEDC	9. 00		-				
INPATIENT ROUTINE SERVICE COST CENTERS						20.00	
30. 00 03000 ADULTS & PEDI ATRI CS	0					30.00	
31. 00 03100 INTENSIVE CARE UNIT	0					31.00	
40. 00 04000 SUBPROVI DER - PF	0					40.00	
41. 00 04100 SUBPROVI DER - RF	0					41.00	
43. 00 04300 NURSERY	0					43.00	
200.00 Total (lines 30 through 199)	0					200. 00	

 Heal th Financial APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 ST. CATHERINE HOSPITAL

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS | Provide Provider CCN: 15-0008

In Lieu of Form CMS-2552-10
Worksheet D
01/2019 Part IV
00/2020 Date/Time Prepared:
11/25/2020 10:13 am
PPS Peri od: From 07/01/2019 To 06/30/2020 THROUGH COSTS Title XVIII Hospi tal

	Cost Center Description	Non Physician	Nursing School	Nursing School		Allied Health	
		Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0	0	0	0	50. 00
51. 00	05100 RECOVERY ROOM	0	0	0	0	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54. 01
54.02	03040 AUDI OLOGY	0	0	0	0	0	54. 02
56.00	05600 RADI OI SOTOPE	0	0	0	0	0	56. 00
57.00	05700 CT SCAN	0	0	0	0	0	57. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59. 00
60.00	06000 LABORATORY	0	l c	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	l c	0	0	0	62.00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	1 0	0	0	0	0	63. 02
65.00	06500 RESPIRATORY THERAPY	1 0	0	0	0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0	0	0	l 0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0		0	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0		0	0	0	68. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0		0	0	0	73. 00
	07400 RENAL DIALYSIS	0		0	0	0	74. 00
	03480 ONCOLOGY		i o	0	0	0	75. 01
	07697 CARDI AC REHABI LI TATI ON		i o	0	0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY		i o	0	0	0	76. 98
	07699 LI THOTRI PSY		0	0	0	0	76. 99
, 0, , ,	OUTPATIENT SERVICE COST CENTERS						70.77
90. 00			0	0	0	0	90. 00
	09001 OP PSYCH			0	0	0	90. 01
	09100 EMERGENCY			١	0	Ö	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
200.00	,		O	0	0	_	200.00
200.00	/ Total (Tries 50 till ough 177)	1	1	1	1	ı	₁ 200.00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Li∈	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0008	Peri od:	Worksheet D

From 07/01/2019 | Part IV To 06/30/2020 | Date/Time Prepared: THROUGH COSTS 11/25/2020 10:13 am Title XVIII Hospi tal All Other Ratio of Cost Cost Center Description Total Cost Total Total Charges to Charges Medi cal (from Wkst. C, (sum of cols. Outpati ent Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ col 4) 8) col s. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 45, 331, 334 0.00000050.00 00000000000000000000000000000 51.00 05100 RECOVERY ROOM 0 0 2, 610, 159 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 4, 254, 338 0.000000 52.00 05300 ANESTHESI OLOGY 0 0 53 00 6, 073, 948 0.000000 53 00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 0 22, 924, 038 0.000000 54.00 54.01 05401 ULTRASOUND 7, 504, 195 0.000000 54.01 54.02 03040 AUDI OLOGY 0 0 0.000000 54 02 05600 RADI OI SOTOPE 0 0 10, 054, 543 56.00 0.000000 56.00 57.00 05700 CT SCAN 29, 097, 888 0.000000 57.00 59.00 05900 CARDIAC CATHETERIZATION 0 26, 455, 380 0.000000 59.00 64, 249, 615 06000 LABORATORY Ω 0.000000 60 00 60 00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 3, 026, 349 0.000000 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0.000000 62.30 06301 NONI NVASI VE LAB 0 14, 757, 713 0.000000 63.02 63.02 65.00 06500 RESPIRATORY THERAPY 0 9, 791, 052 0.000000 65 00 66.00 06600 PHYSI CAL THERAPY 0 12, 489, 150 0.000000 66.00 06700 OCCUPATIONAL THERAPY 5, 879, 864 0.000000 67.00 67.00 06800 SPEECH PATHOLOGY 0 1, 490, 105 0.000000 68.00 68.00 07000 ELECTROENCEPHALOGRAPHY 0 4, 298, 350 0.000000 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 10, 608, 839 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 8, 554, 288 0.000000 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 71, 281, 144 73.00 0 0.000000 73.00 07400 RENAL DIALYSIS 0 0.000000 74.00 Ω 3, 805, 148 74 00 75. 01 03480 ONCOLOGY 0 0 3, 222, 150 0.000000 75.01 07697 CARDIAC REHABILITATION 76.97 666, 416 0.000000 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0 0 0.000000 76.98 76.98 07699 LI THOTRI PSY 0 76. 99 0 0.000000 76.99 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 0 0 418, 048 0.000000 90.00 09001 OP PSYCH 0 0 90.01 0 624, 128 0.000000 90.01 91. 00 | 09100 | EMERGENCY 0 66, 302, 254 0.00000091.00

0

0

0

0

12, 578, 369

448, 348, 805

0.000000

92.00

200.00

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

200.00

Total (lines 50 through 199)

Health Financial Systems	ST. CATHERINE H	HOSPI TAL		In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCLILARY SERVICE OTHER PASS	Provider CCN: 15-0008	Peri od:	Worksheet D

From 07/01/2019 Part IV
Date/Time Prepared: THROUGH COSTS 06/30/2020 11/25/2020 10:13 am Title XVIII Hospi tal PPS Outpati ent Cost Center Description Outpati ent Inpatient I npati ent Outpati ent Ratio of Cost Program Program Program Program Pass-Through Pass-Through to Charges Charges Charges Costs (col. (col. 6 ÷ col Costs (col. x col. 12) 13.00 7) x col. 10) 11.00 9.00 10.00 12.00 ANCILLARY SERVICE COST CENTERS 3, 874, 716 7, 797, 163 50.00 05000 OPERATING ROOM 0.000000 50.00 0 0 05100 RECOVERY ROOM 51.00 0.000000 226, 966 239, 552 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 0 52.00 52.00 13, 631 0 05300 ANESTHESI OLOGY 0.000000 531, 063 0 800, 798 53.00 53.00 0 05400 RADI OLOGY-DI AGNOSTI C 1, 951, 471 3, 028, 107 54.00 0.000000 54.00 0 54.01 05401 ULTRASOUND 0.000000 296, 169 0 488, 808 0 54.01 54.02 03040 AUDI OLOGY 0.000000 0 54.02 0 56.00 05600 RADI OI SOTOPE 0.000000 848, 278 2, 692, 281 56.00 0 2, 910, 618 0 05700 CT SCAN 57.00 0.000000 3, 696, 766 0 57.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 4, 884, 978 4, 852, 373 0 59.00 06000 LABORATORY 0 60.00 0.000000 6, 852, 460 3, 192, 757 0 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 0.000000 148, 882 62.00 62 00 506, 047 0 0 62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0.000000 0 62.30 06301 NONINVASIVE LAB 0.000000 2,009,670 63.02 2, 354, 273 0 63.02 06500 RESPIRATORY THERAPY 2, 718, 813 342, 102 65 00 0.000000 0 65 00 66.00 06600 PHYSI CAL THERAPY 0.000000 927, 843 628, 282 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 0.000000 560, 156 13, 338 0 67.00 06800 SPEECH PATHOLOGY 167, 593 68.00 0.000000 37, 681 0 68.00 07000 ELECTROENCEPHALOGRAPHY 0 70 00 0.000000 614, 733 Ω 70 00 130, 553 |07100|MEDICAL SUPPLIES CHARGED TO PATIENT 0 71.00 0.000000 2, 024, 875 1, 670, 248 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 1, 416, 703 1, 354, 445 0 72.00 0 13, 706, 428 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 8,042,825 0 73.00 07400 RENAL DIALYSIS 0 74 00 0.000000 74.00 1, 211, 918 141, 177 0 0 75.01 03480 ONCOLOGY 0.000000 1, 132, 719 0 75.01 07697 CARDIAC REHABILITATION 0.000000 54, 921 0 129, 181 0 76. 97 76.97 07698 HYPERBARI C OXYGEN THERAPY 0 76. 98 76. 98 0.000000 0 07699 LI THOTRI PSY 0 76. 99 0.000000 76.99 0 0 OUTPATIENT SERVICE COST CENTERS 09000 CLI NI C 97, 915 90.00 90 00 0.000000 0 90.01 09001 OP PSYCH 0.000000 2, 325 0 127, 397 0 90. 01 0 91. 00 09100 EMERGENCY 91.00 0.000000 4, 358, 622 5, 143, 720 0

0.000000

1,042,538

47, 565, 752

1, 689, 174

56, 120, 300

92.00

0 200.00

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

200.00

Total (lines 50 through 199)

Heal th	Financial Systems	ST. CATHERIN	NE HOSPITAL		In Lie	eu of Form CMS-2	2552-10
	IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co	CN: 15-0008 F	Peri od:	Worksheet D	
				F	rom 07/01/2019	Part V	
				7	Γo 06/30/2020		pared:
			T: 41 -		11: 4-1	11/25/2020 10	:13 am_
			IIIIe	Changes	Hospi tal	PPS	
	Coot Contor Decemintion	Coot to Change	PPS Reimbursed	Charges	Cost	Costs PPS Services	
	Cost Center Description	Ratio From			Rei mbursed		
		Worksheet C,	Services (see inst.)	Reimbursed Services	Servi ces Not	(see inst.)	
		Part I, col. 9		Subject To	Subject To		
		Part I, Cor. 9		Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50.00	05000 OPERATING ROOM	0. 248453	7, 797, 163	1 (244, 000	1, 937, 229	50.00
51. 00	05100 RECOVERY ROOM	0. 251898		1	·	60, 343	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0. 414353				00,010	52. 00
53. 00	05300 ANESTHESI OLOGY	0. 079472	l .			63, 641	53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 197509				598, 078	1
54. 01	05401 ULTRASOUND	0. 135558				66, 262	1
54. 01	03040 AUDI OLOGY	0. 000000				00, 202	54. 01
56. 00	05600 RADI OLOGT	0. 162110	1			436, 446	1
57. 00	05700 CT SCAN	0. 057994					
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 057994				214, 390	
	1 1			1		634, 234	59.00
60.00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 130708 0. 346864		1		417, 319	
62.00	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 346864					62.00
62. 30		1	l l	1		0	62. 30
63. 02	06301 NONI NVASI VE LAB	0. 105673		1		248, 783	
65. 00	06500 RESPIRATORY THERAPY	0. 224423				76, 776	65. 00
66.00	06600 PHYSI CAL THERAPY	0. 387307			0	243, 338	
67.00	06700 OCCUPATIONAL THERAPY	0. 331787				4, 425	67.00
68. 00	06800 SPEECH PATHOLOGY	0. 483755				18, 228	
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 118895		l .	0	73, 089	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 420518		l .		702, 369	
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 471422			0	638, 515	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 173500			38, 773		
74.00	07400 RENAL DI ALYSI S	0. 275097			0	38, 837	74.00
75. 01	03480 ONCOLOGY	0. 350304			0	396, 796	
76. 97	07697 CARDI AC REHABI LI TATI ON	1. 461381		1		188, 783	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 000000				0	76. 98
76. 99	07699 LI THOTRI PSY	0. 000000) 0) (0	0	76. 99
00.00	OUTPATIENT SERVICE COST CENTERS	4 000004	07.045			400 047	00.00
90.00	09000 CLINIC	1. 330204			0	130, 247	90.00
90. 01	09001 OP PSYCH	0. 451814			-	57, 560	1
91.00	09100 EMERGENCY	0. 109591			0	563, 705	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 360598		1	0	609, 113	
200.00			56, 120, 300	1	282, 773	10, 848, 213	
201.00					ال ال	l	201. 00
202.00	Only Charges (Line 200 Line 201)		E4 120 200] ,	282, 773	10 040 212	202 00
202.00	Net Charges (line 200 - line 201)	1	56, 120, 300	'I	282, 773	10, 848, 213	1202.00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008	Peri od: From 07/01/2019	Worksheet D

To 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am Title XVIII Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 60, 623 50.00 51.00 05100 RECOVERY ROOM 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 05300 ANESTHESI OLOGY 53.00 0 53.00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 0 54. 01 05401 ULTRASOUND 54.01 03040 AUDI OLOGY 0 54.02 54.02 56.00 05600 RADI OI SOTOPE 0 56.00 05700 CT SCAN 0 57.00 57.00 05900 CARDIAC CATHETERIZATION 59.00 59 00 60.00 06000 LABORATORY 0 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 62.30 62.30 0 63.02 06301 NONI NVASI VE LAB 63.02 65.00 06500 RESPIRATORY THERAPY 0 65.00 66.00 06600 PHYSI CAL THERAPY 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 67.00 06800 SPEECH PATHOLOGY 0 68.00 68.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 71.00 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 6.727 73.00 74.00 07400 RENAL DIALYSIS 0 74.00 03480 ONCOLOGY 75. 01 0 75.01 76. 97 07697 CARDIAC REHABILITATION 0 76.97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 0 76.98 76. 99 07699 LI THOTRI PSY 76.99 OUTPATIENT SERVICE COST CENTERS 0 90.00 09000 CLI NI C 90.00 90. 01 09001 OP PSYCH 0 90.01 09100 EMERGENCY 91.00 91.00 0 0 0 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 200.00 Subtotal (see instructions) 67, 350 200.00 201.00 Less PBP Clinic Lab. Services-Program 0 201.00 Only Charges 202.00 Net Charges (line 200 - line 201) 0 67, 350 202.00

	5	CT OATUEDIA	IE LIOCEL TAI			6.5	0550 40
	Financial Systems TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	ST. CATHERIN	Provider C	CN. 1E 0000	Period:	u of Form CMS-2552-10 Worksheet D	
APPURI	TONWENT OF INPATTENT ANCILLARY SERVICE CAPITA	AL 00313	Provider C	UN. 13-0006	From 07/01/2019	Part II	
			'	CCN: 15-S008	To 06/30/2020		
				· XVIII	Subprovi der – I PF	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,		1,	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
	ANOULL ARV CERVI OF COCT OFNITERS	1.00	2.00	3. 00	4. 00	5. 00	
F0 00	ANCI LLARY SERVI CE COST CENTERS	004.040	45 004 004	0.00400	45 770	4 004	
50.00	05000 OPERATI NG ROOM	994, 348				1, 004	1
51.00	05100 RECOVERY ROOM	16, 339				231	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	51, 950				0	
53. 00	05300 ANESTHESI OLOGY	66, 747				517	
54.00	05400 RADI OLOGY-DI AGNOSTI C	541, 480				995	
54. 01	05401 ULTRASOUND	119, 104				22	
54. 02	03040 AUDI OLOGY	0				0	
56. 00	05600 RADI OI SOTOPE	68, 842				16	
57. 00	05700 CT SCAN	173, 399				466	
59. 00	05900 CARDI AC CATHETERI ZATI ON	497, 272				140	
60.00	06000 LABORATORY	336, 096				2, 365	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49, 805		l .		75	
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0.0000		0	
63. 02	06301 NONI NVASI VE LAB	245, 852				758	
65.00	06500 RESPIRATORY THERAPY	83, 468				510	
66.00	06600 PHYSI CAL THERAPY	138, 313		l .		1, 199	
67.00	06700 OCCUPATI ONAL THERAPY	39, 388				706	
68. 00	06800 SPEECH PATHOLOGY	18, 058				55	
70.00	07000 ELECTROENCEPHALOGRAPHY	57, 626				88	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 366				48	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	11, 994				3	
73.00	07300 DRUGS CHARGED TO PATIENTS	220, 413				2, 212	
74.00	07400 RENAL DI ALYSI S	10, 670				165	
	03480 ONCOLOGY	62, 592				0	
76. 97	07697 CARDI AC REHABI LI TATI ON	75, 181	· ·			0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0				0	
76. 99	07699 LI THOTRI PSY	0	0	0. 00000	0 0	0	76. 99
00 00	OUTPATIENT SERVICE COST CENTERS	20.777	410.040	0.00400		0	00.00
90.00	09000 CLINIC	39, 666				0	
90. 01	09001 OP PSYCH	14, 860				0	
91.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	237, 025		l .		750	
92. 00 200. 00		4 102 054	,,	l .		12 225	92. 00 200. 00
200.00	Tiotal (Titles 50 tillough 199)	4, 183, 854	1 440, 340, 803	I	2, 071, 713	12, 325	₁ 200.00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS	Provider CCN: 15-0008 Component CCN: 15-S008	Peri od: From 07/01/2019 To 06/30/2020	Date/Time Prepared:
		Title XVIII	Subprovi der -	11/25/2020 10:13 am PPS

			Title	e XVIII	Subprovi der - I PF	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	'	Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2. 00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0	(이	0	50.00
51.00	05100 RECOVERY ROOM	0	0	(이	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	(이	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	(이	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	(이	0	54. 00
54. 01	05401 ULTRASOUND	0	0	(이	0	54. 01
54. 02	03040 AUDI OLOGY	0	0	(이	0	54. 02
56.00	05600 RADI OI SOTOPE	0	0	(이	0	56. 00
57.00	05700 CT SCAN	0	0	(이	0	57. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	(0	0	59. 00
60.00	06000 LABORATORY	0	0	(0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	(0	0	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	(0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	0	0	(0	0	63. 02
65.00	06500 RESPI RATORY THERAPY	0	0	(0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0	(0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	(0	0	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0	(o o	0	68. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	(o o	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(이	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(o o	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	(이	0	73. 00
	07400 RENAL DIALYSIS	0	0	(이	0	74. 00
	03480 ONCOLOGY	0	0	(이	0	75. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	(이	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	(이	0	76. 98
76. 99	07699 LI THOTRI PSY	0	0	(0	0	76. 99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0	(이	0	90. 00
90. 01	09001 OP PSYCH	0	0	(0	0	90. 01
91.00	09100 EMERGENCY	0	0	(o o	0	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			o	0	92. 00
200.00	Total (lines 50 through 199)	0	0	(이	0	200. 00

Health Financial Systems	ST. CATHERIN	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SETTHROUGH COSTS	RVICE OTHER PASS			Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV	narod:
		Component	CCN: 15-S008	To 06/30/2020	Date/Time Pre 11/25/2020 10	:13 am
		Title	: XVIII	Subprovi der - I PF	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
	4.00	5. 00	6.00	7. 00	instructions) 8.00	
ANCI LLARY SERVI CE COST CENTERS	4.00	5.00	0.00	7.00	8.00	
50. 00 05000 OPERATING ROOM	0	0		0 45, 331, 334	0. 000000	50.00
51. 00 05100 RECOVERY ROOM				0 2, 610, 159	0.000000	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	•	0 4, 254, 338	0.000000	1
53. 00 05300 ANESTHESI OLOGY	0	0	1	0 6, 073, 948	0.000000	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0		0 22, 924, 038	0.000000	1
54. 01 05401 ULTRASOUND	0	0		0 7, 504, 195	0. 000000	1
54. 02 03040 AUDI OLOGY	0	0		0 7,304,173	0. 000000	
56. 00 05600 RADI 0I SOTOPE	0	0		0 10, 054, 543	0.000000	
57. 00 05700 CT SCAN	0	0		0 29, 097, 888	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 26, 455, 380	0. 000000	
60. 00 06000 LABORATORY	0	0		0 64, 249, 615	0. 000000	
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 3, 026, 349	0. 000000	1
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0. 000000	
63. 02 06301 NONI NVASI VE LAB	0	Ö		0 14, 757, 713	0. 000000	1
65. 00 06500 RESPIRATORY THERAPY	0	0		0 9, 791, 052	0. 000000	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 12, 489, 150	0. 000000	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 5, 879, 864	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 1, 490, 105	0. 000000	68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 4, 298, 350	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 10, 608, 839	0.000000	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 8, 554, 288	0.000000	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 71, 281, 144	0.000000	73. 00
74. 00 07400 RENAL DI ALYSI S	0	0		0 3, 805, 148	0.000000	74.00
75. 01 03480 ONCOLOGY	0	0		0 3, 222, 150	0. 000000	75. 01
76. 97 07697 CARDIAC REHABILITATION	0	0		0 666, 416	0. 000000	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0. 000000	76. 98
76. 99 07699 LI THOTRI PSY	0	0		0 0	0. 000000	76. 99
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0			0 418, 048		
90. 01 09001 OP PSYCH	0		•	0 624, 128		
91. 00 09100 EMERGENCY	0			0 66, 302, 254		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0 12, 578, 369	0. 000000	1
200.00 Total (lines 50 through 199)	0	0	1	0 448, 348, 805		200. 00

Heal th	Financial Systems	ST. CATHERINE	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI	RVICE OTHER PASS	Provi der Co	CN: 15-0008	Peri od:	Worksheet D	
THROUG	H COSTS		Component (CCN: 15-S008	From 07/01/2019 To 06/30/2020	Part IV Date/Time Pre 11/25/2020 10	pared: :13 am
			Title	XVIII	Subprovi der – I PF	PPS	
	Cost Center Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9. 00	10. 00	11. 00	12.00	13. 00	
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	0. 000000	45, 778		0	0	
	05100 RECOVERY ROOM	0. 000000	36, 904		0	0	
	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0	0	52. 00
53. 00	05300 ANESTHESI OLOGY	0. 000000	47, 038		0	0	53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	42, 132		0 188	0	
54. 01	05401 ULTRASOUND	0. 000000	1, 414		0	0	54. 01
54. 02	03040 AUDI OLOGY	0. 000000	0		0	0	54. 02
56. 00	05600 RADI 0I S0T0PE	0. 000000	2, 279		0	0	
57. 00	05700 CT SCAN	0. 000000	78, 223		0	0	57. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	7, 460		0	0	59. 00
	06000 LABORATORY	0. 000000	452, 068		0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000	4, 566		0	0	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	0		0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	0. 000000	45, 496		0	0	63. 02
65. 00	06500 RESPI RATORY THERAPY	0. 000000	59, 808		0	0	65.00
66. 00	06600 PHYSI CAL THERAPY	0. 000000	108, 250		0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 000000	105, 335		0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 000000	4, 533		0	0	68. 00
	07000 ELECTROENCEPHALOGRAPHY	0. 000000	6, 583		0	0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	37, 837		0 32	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	2, 111		0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0. 000000	715, 349		0	0	73. 00
	07400 RENAL DIALYSIS	0. 000000	58, 717		0	0	74. 00
	03480 ONCOLOGY	0. 000000	0		0	0	75. 01
	07697 CARDIAC REHABILITATION	0. 000000	0		0	0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0	0	
76. 99	07699 LI THOTRI PSY	0. 000000	0		0 0	0	76. 99
	OUTPAȚIENT SERVICE COST CENTERS						
	09000 CLI NI C	0. 000000	0		0 0	0	
	09001 OP PSYCH	0. 000000	0		0 0	0	
	09100 EMERGENCY	0. 000000	209, 832		0 0	0	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0		0 0	0	92. 00
200.00	Total (lines 50 through 199)		2, 071, 713	I	0 220	0	200.00

Health Financial Systems		ST. (ATHERINE H	HOSPI TAL				In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES	AND VACCIN	E COST	Provi der	CCN:	15-0008	Perion From	od: 07/01/2019	Worksheet D Part V
				Component	t CCN	: 15-S008	To	06/30/2020	Date/Time Prepared:

11/25/2020 10:13 am Title XVIII Subprovi der -Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Rei mbursed Services (see Ratio From Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Subject To Part I, col. 9 Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1.00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 248453 0 50.00 51.00 05100 RECOVERY ROOM 0. 251898 0 51.00 0 0 0 0 05200 DELIVERY ROOM & LABOR ROOM 52.00 52 00 0.414353 0 0 53.00 05300 ANESTHESI OLOGY 0.079472 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 0.197509 0 37 54.00 54.00 188 05401 ULTRASOUND 0. 135558 0 54.01 0 54.01 0 03040 AUDI OLOGY 54.02 54.02 0.000000 0 Ω 56.00 05600 RADI OI SOTOPE 0. 162110 0 0 0 56.00 57.00 05700 CT SCAN 0.057994 57.00 0 05900 CARDIAC CATHETERIZATION 0. 130706 0 59.00 59.00 0 60.00 06000 LABORATORY 0. 130708 0 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0.346864 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0 62.30 0.000000 0 62.30 06301 NONI NVASI VE LAB 0 0 63.02 0.105673 0 63.02 06500 RESPIRATORY THERAPY 65.00 0. 224423 0 65.00 66.00 06600 PHYSI CAL THERAPY 0.387307 0 66.00 06700 OCCUPATIONAL THERAPY 67.00 0.331787 67.00 0 68.00 06800 SPEECH PATHOLOGY 0. 483755 0 0 68.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0. 118895 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 0. 420518 32 13 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 72.00 0.471422 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 0.173500 0 73.00 74.00 07400 RENAL DIALYSIS 0. 275097 74.00 0 03480 ONCOLOGY 0 0 75. 01 0.350304 0 75.01 0 07697 CARDIAC REHABILITATION 76.97 0 76.97 1.461381 0 76.98 07698 HYPERBARI C OXYGEN THERAPY 0.000000 0 0 76.98 07699 LI THOTRI PSY 0 0 76. 99 76. 99 0.000000 OUTPATIENT SERVICE COST CENTERS 90.00 90.00 09000 CLI NI C 1.330204 0 0 0 0 0 90.01 09001 OP PSYCH 0. 451814 0 0 0 90.01 91.00 09100 EMERGENCY 0. 109591 0 0 0 91.00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 360598 0 92.00 Ω C 200.00 Subtotal (see instructions) 220 50 200.00 201.00 Less PBP Clinic Lab. Services-Program 201. 00 Only Charges

220

0

50 202. 00

202.00

Net Charges (line 200 - line 201)

Health Financial Systems	ST. CATHERIN	NE HOSPITAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES AND VACCINE COST	Provi der CCN: 15-0008	Peri od: From 07/01/2019	Worksheet D
		Component CCN: 15-S008		Date/Time Prepared: 11/25/2020 10:13 am
		Title XVIII	Subprovi der -	PPS

		Ti tl e	e XVIII	Subprovi der -	PPS	7. 10 diii
Cost Center Description	Cost	Cost				
	Reimbursed Services	Reimbursed Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7. 00				
ANCILLARY SERVICE COST CENTERS	_		.1			
50. 00 05000 OPERATI NG ROOM	0		1			50.00
51. 00 05100 RECOVERY ROOM 52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	1	1			51. 00 52. 00
53. 00 05300 ANESTHESI OLOGY	0	0				53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54. 01 05401 ULTRASOUND	0	Ö				54. 01
54. 02 03040 AUDI 0LOGY	0	o				54. 02
56. 00 05600 RADI 0I SOTOPE	0	0				56. 00
57. 00 05700 CT SCAN	0	0				57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0				59. 00
60. 00 06000 LABORATORY	0	0				60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2			62. 00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 63.02 06301 NONINVASIVE LAB	0	0				62. 30 63. 02
63. 02 06301 NONI NVASI VE LAB 65. 00 06500 RESPI RATORY THERAPY	0	0				65. 00
66. 00 06600 PHYSI CAL THERAPY	0					66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	1	1			67. 00
68. 00 06800 SPEECH PATHOLOGY	0	1	1			68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	Ö				70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	o				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73. 00
74. 00 07400 RENAL DI ALYSI S	0	0				74. 00
75. 01 03480 0NC0L0GY	0	1				75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	0	1	1			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	l e	1			76. 98
76. 99 O7699 LI THOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0		ή			76. 99
90. 00 09000 CLI NI C	0	0				90.00
90. 01 09001 0P PSYCH	0		1			90. 01
91. 00 09100 EMERGENCY	0		1			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92. 00
200.00 Subtotal (see instructions)	0	0				200. 00
201.00 Less PBP Clinic Lab. Services-Program	0					201. 00
Only Charges						000 00
202.00 Net Charges (line 200 - line 201)	0	0	y			202. 00

		0.7				6.5	
	Financial Systems	ST. CATHERIN				u of Form CMS-2	2552-10
APPORT	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	IL COSTS	Provi der C	UN: 15-0008	Peri od: From 07/01/2019	Worksheet D Part II	
			Component	CCN: 15-T008	To 06/30/2020	Date/Time Pre 11/25/2020 10	pared: :13 am
			Title	: XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 + col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	994, 348	45, 331, 334	0. 02193	118, 726	2, 604	50.00
51.00	05100 RECOVERY ROOM	16, 339	2, 610, 159	0.00626	5, 200	33	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	51, 950	4, 254, 338	0. 01221	1 0	0	52.00
53.00	05300 ANESTHESI OLOGY	66, 747	6, 073, 948	0. 01098	18, 151	199	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	541, 480	22, 924, 038	0. 02362	82, 334	1, 945	54.00
54. 01	05401 ULTRASOUND	119, 104	7, 504, 195	0. 01587	9, 579	152	54. 01
54. 02	03040 AUDI OLOGY	0	0	0. 00000	00	0	54. 02
56.00	05600 RADI OI SOTOPE	68, 842	10, 054, 543	0. 00684	14, 749	101	56.00
57.00	05700 CT SCAN	173, 399				492	57.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	497, 272				0	59.00
60.00	06000 LABORATORY	336, 096		1		4, 130	60.00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49, 805		•		827	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		•		0	62. 30
63. 02	06301 NONI NVASI VE LAB	245, 852	14, 757, 713			1, 073	63. 02
65. 00	06500 RESPIRATORY THERAPY	83, 468				3, 037	65.00
66, 00	06600 PHYSI CAL THERAPY	138, 313				20, 405	66, 00
67. 00	06700 OCCUPATI ONAL THERAPY	39, 388					1
68. 00	06800 SPEECH PATHOLOGY	18, 058					1
70. 00	07000 ELECTROENCEPHALOGRAPHY	57, 626				0	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 366					1
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	11, 994				6	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	220, 413				5, 635	1
74. 00	07400 RENAL DI ALYSI S	10, 670				1, 412	1
75. 01	03480 ONCOLOGY	62, 592				0	
76. 97	07697 CARDI AC REHABI LI TATI ON	75, 181				0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0				Ö	1
76. 99	07699 LI THOTRI PSY	Ö					
70. 77	OUTPATIENT SERVICE COST CENTERS			0.00000	0		70.77
90.00	09000 CLINIC	39, 666	418, 048	0. 09488	34 0	0	90.00
90. 00	09001 OP PSYCH	14, 860		l .		0	90.00
	09100 EMERGENCY	237, 025				0	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	237, 023	12, 578, 369			0	92.00
200.00	,	4, 183, 854		•	8, 071, 476		
200.00	Total (Tilles so till ough 177)	4, 105, 054	1 440, 540, 605	ı	0,071,470	37,302	1200.00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 15-0008	Peri od: From 07/01/2019	Worksheet D
THROUGH COSTS		Component CCN: 15-T008		Date/Time Prepared: 11/25/2020 10:13 am
		Title XVIII	Subprovi der -	PPS

			Title	e XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Non Physician	Nursi na School	Nursi na School	Allied Health	Allied Health	
	· · · · · · · · · · · · · · · · · · ·	Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0	(이	0	50.00
51.00	05100 RECOVERY ROOM	0	0	(이	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	(이	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	(이	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	(이	0	54. 00
54. 01	05401 ULTRASOUND	0	0	(이	0	54. 01
54. 02	03040 AUDI OLOGY	0	0	(이	0	54. 02
56.00	05600 RADI OI SOTOPE	0	0	(0	0	56. 00
57.00	05700 CT SCAN	0	0	(0	0	57. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	(0	0	59. 00
60.00	06000 LABORATORY	0	0	(0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	(0	0	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	(0	0	62. 30
	06301 NONI NVASI VE LAB	0	0	(이	0	63. 02
65.00	06500 RESPI RATORY THERAPY	0	0	(0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0	(0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	(0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0	(0	0	68. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	(0	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(0	0	71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(이	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	(이	0	73. 00
	07400 RENAL DI ALYSI S	0	0	(이	0	74. 00
	03480 ONCOLOGY	0	0	(이	0	75. 01
	07697 CARDI AC REHABI LI TATI ON	0	0	(이	0	76. 97
	07698 HYPERBARI C OXYGEN THERAPY	0	0	(이	0	76. 98
76. 99	07699 LI THOTRI PSY	0	0	(0	0	76. 99
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLI NI C	0	0	(이	0	
90. 01	09001 OP PSYCH	0	0	(이	0	90. 01
	09100 EMERGENCY	0	0	(이	0	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0	92. 00
200.00	Total (lines 50 through 199)	0	0	(이	0	200. 00

Health Financial Systems	ST. CATHERIN	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF		S Provider Co		Peri od: From 07/01/2019	Worksheet D Part IV	
		Component	CCN: 15-T008	To 06/30/2020	Date/Time Pre 11/25/2020 10	pared: :13 am
		Title	: XVIII	Subprovi der - I RF	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and 4)	Cost (sum of cols. 2, 3,	f Part I, col. 8)	(col. 5 ÷ col. 7)	
		4)	and 4)	0)	(see	
			and 4)		instructions)	
	4.00	5. 00	6. 00	7. 00	8. 00	
ANCILLARY SERVICE COST CENTERS	11.00	0.00	0.00	7.00	0.00	
50. 00 05000 OPERATING ROOM	0	0		0 45, 331, 334	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 2, 610, 159	0.000000	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 4, 254, 338	0. 000000	52. 00
53. 00 05300 ANESTHESI OLOGY	0	0		0 6, 073, 948	0. 000000	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 22, 924, 038	0.000000	54.00
54. 01 05401 ULTRASOUND	0	0		0 7, 504, 195	0. 000000	54. 01
54. 02 03040 AUDI OLOGY	0	0		0	0.000000	54. 02
56. 00 05600 RADI 0I SOTOPE	0	0		0 10, 054, 543	0.000000	
57. 00 05700 CT SCAN	0	0		0 29, 097, 888	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 26, 455, 380	0. 000000	
60. 00 06000 LABORATORY	0	0		0 64, 249, 615	0. 000000	1
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 3, 026, 349	0. 000000	
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0. 000000	1
63. 02 06301 NONI NVASI VE LAB	0	0		0 14, 757, 713	0. 000000	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 9, 791, 052	0. 000000	1
66. 00 06600 PHYSI CAL THERAPY	0	0		0 12, 489, 150	0.000000	
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 5, 879, 864	0. 000000	1
68. 00 06800 SPEECH PATHOLOGY	0	0		0 1, 490, 105	0.000000	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 4, 298, 350	0.000000	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 10, 608, 839	0.000000	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 8, 554, 288	0.000000	
73.00 07300 DRUGS CHARGED TO PATIENTS 74.00 07400 RENAL DIALYSIS	0	0		0 71, 281, 144	0.000000	
75. 01 03480 0NCOLOGY	0	0		0 3, 805, 148 0 3, 222, 150	0. 000000 0. 000000	
76. 97 03480 ONCOLOGY 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 3, 222, 150	0. 000000	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	-		0 000, 410	0.000000	
76. 99 07699 LI THOTRI PSY	0	-	l .		0.000000	
OUTPATIENT SERVICE COST CENTERS		0		0 0	0.000000	70. 77
90. 00 09000 CLINIC	0	0		0 418, 048	0. 000000	90.00
90. 01 09001 0P PSYCH	0			0 624, 128		
91. 00 09100 EMERGENCY	0	l e	•	0 66, 302, 254		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0 12, 578, 369	0. 000000	
200.00 Total (lines 50 through 199)	0			0 448, 348, 805		200. 00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'	,	1		1	

	Financial Systems	ST. CATHERINE		45 0000		u of Form CMS-2	2552-10
	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	Provi der Co	CN: 15-0008	Peri od: From 07/01/2019	Worksheet D Part IV	
THROUG	H COSTS		Component	CCN: 15-T008	To 06/30/2020	Date/Time Pre 11/25/2020 10	pared: :13 am
			Title	XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
		7)		x col. 10)		x col. 12)	
	T	9. 00	10. 00	11. 00	12. 00	13. 00	
	ANCILLARY SERVICE COST CENTERS					_	
50.00	05000 OPERATI NG ROOM	0. 000000	118, 726		0	0	
51.00	05100 RECOVERY ROOM	0. 000000	5, 200		0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	
53.00	05300 ANESTHESI OLOGY	0. 000000	18, 151		0	0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	82, 334		0	0	
54. 01	05401 ULTRASOUND	0. 000000	9, 579		0	0	54. 01
54. 02	03040 AUDI OLOGY	0. 000000	0		0	0	
56.00	05600 RADI OI SOTOPE	0. 000000	14, 749		0	0	
57.00	05700 CT SCAN	0. 000000	82, 555		0 0	0	57. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	
60.00	06000 LABORATORY	0. 000000	789, 530		0 0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000	50, 276		0 0	0	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	0		0 0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	0. 000000	64, 408		0	0	63. 02
65.00	06500 RESPI RATORY THERAPY	0. 000000	356, 201		0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0. 000000	1, 842, 444		0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 000000	1, 763, 686		0 0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0. 000000	277, 356		0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 000000	0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	265, 686		0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	4, 421		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 000000	1, 822, 534		0	0	73. 00
74.00	07400 RENAL DI ALYSI S	0. 000000	503, 640		0	0	74.00
75. 01	03480 ONCOLOGY	0. 000000	0		0	0	75. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	76. 98
76. 99	07699 LI THOTRI PSY	0. 000000	0		0 0	0	76. 99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0. 000000	0		0 0	0	90.00
90. 01	09001 OP PSYCH	0. 000000	0		0 0	0	90. 01
91.00	09100 EMERGENCY	0. 000000	0		0 0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0		0 0	0	92.00

Health Financial Systems	S	ST. CATHERINE HOSPITAL				In Lieu of Form CMS-2552-1		
APPORTIONMENT OF MEDICA	L, OTHER HEALTH SERVI	ES AND VACCIN	NE COST	Provi der	CCN: 15-0008	Peri od:	Worksheet D	
						From 07/01/2019		
				Component	+ CCN: 15_TOOR	To 06/30/2020	Date/Time Prepared	

11/25/2020 10:13 am Title XVIII Subprovi der -PPS IRF Charges Cost Reimburse Costs
PPS Services
(see inst.) Cost to Charge PPS Reimbursed Ratio From Services (see Cost Reimburs Cost Center Description

		Ratio From	Services (see	Reimbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0. 248453	l .	C	0	0	00.00
51.00	05100 RECOVERY ROOM	0. 251898	0	C	0	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 414353	0	C	0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0. 079472	0	C	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 197509	0	C	0	0	54.00
54. 01	05401 ULTRASOUND	0. 135558	0	C	0	0	54. 01
54.02	03040 AUDI OLOGY	0. 000000	0	C	0	0	54. 02
56.00	05600 RADI OI SOTOPE	0. 162110	0	C	0	0	56. 00
57.00	05700 CT SCAN	0. 057994	0	C	0	0	57. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 130706	0	l c	0	0	59. 00
60.00	06000 LABORATORY	0. 130708	0	l c	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 346864	0	l c	0	0	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	0	l c	0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	0. 105673	l 0		0	0	63. 02
65.00	06500 RESPIRATORY THERAPY	0. 224423	l .		0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0. 387307	0		0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 331787	0		0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 483755	l .		0	0	68. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0. 118895			0	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 420518			0	0	71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 471422			0	j o	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0. 173500			0	j o	73. 00
74. 00	07400 RENAL DI ALYSI S	0. 275097	0		0	j o	74. 00
	03480 ONCOLOGY	0. 350304	1	١		l o	75. 01
	07697 CARDI AC REHABI LI TATI ON	1. 461381				j o	76. 97
	07698 HYPERBARI C OXYGEN THERAPY	0. 000000				j o	76. 98
	07699 LI THOTRI PSY	0. 000000	l .	Ì		j o	76. 99
70. 77	OUTPATIENT SERVICE COST CENTERS	0.00000			,, ,		70. 77
90. 00	09000 CLINI C	1. 330204	0) 0	0	90.00
90. 01	09001 OP PSYCH	0. 451814		1		١	90. 01
91. 00	09100 EMERGENCY	0. 109591				0	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 360598				0	1
200.00		0. 300370					200. 00
200.00							201. 00
201.00	Only Charges				,		201.00
202.00			0	d	0	0	202. 00
202.00	inet sharges (Trile 200 Trile 201)	I	1	1	,	1	1202.00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lieu of Form CMS-2552-10		
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008 Component CCN: 15-T008	From 07/01/2019	Date/Time Prepared:	
		Title XVIII	Subprovi der -	11/25/2020 10:13 am PPS	

					11/25/2020 10	D: 13 am
		Title	XVIII	Subprovi der -	PPS	
				IRF		
	Cos	sts				
Cost Center Description	Cost	Cost				
· ·	Rei mbursed	Rei mbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7. 00				
ANCILL ADV CEDVICE COCT CENTERS	0.00	7.00				
ANCILLARY SERVICE COST CENTERS		0	ı			
50. 00 05000 OPERATING ROOM	0	0				50.00
51.00 05100 RECOVERY ROOM	0	0	1			51. 00
52.00 O5200 DELIVERY ROOM & LABOR ROOM	0	0	1			52. 00
53. 00 05300 ANESTHESI OLOGY	0	0				53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54. 01 05401 ULTRASOUND	0	0				54. 01
54. 02 03040 AUDI OLOGY	0	0				54. 02
56. 00 05600 RADI 0I SOTOPE	o	0				56. 00
57. 00 05700 CT SCAN	0	0				57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	1			59. 00
60. 00 06000 LABORATORY	O	0	•			60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	•			62. 00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	•			62. 30
	0	0	1			
	0	_				63. 02
65. 00 06500 RESPI RATORY THERAPY	0	0	1			65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0				66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0				68. 00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	o	0				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	o	0				73. 00
74.00 07400 RENAL DIALYSIS	0	0				74.00
75. 01 03480 0NC0L0GY	0	0				75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0				76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0				76. 98
76. 99 07699 LI THOTRI PSY	0	0				76. 99
	U	U				70.99
OUTPATIENT SERVICE COST CENTERS			I			
90. 00 09000 CLI NI C	0	0	•			90. 00
90. 01 09001 0P PSYCH	0	0	•			90. 01
91. 00 09100 EMERGENCY	0	0	1			91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
200.00 Subtotal (see instructions)	0	0				200. 00
201.00 Less PBP Clinic Lab. Services-Program	0					201. 00
Only Charges						
202.00 Net Charges (line 200 - line 201)	0	0				202. 00
· · · · · · · · · · · · · · · · · · ·						•

Heal th Fi	nancial Systems	ST. CATHERIN	IE HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTI ON	NMENT OF INPATIENT ROUTINE SERVICE CAPITA	L COSTS	Provi der C		Period: From 07/01/2019 To 06/30/2020		
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	Capital Related Cost (from Wkst. B,	Swing Bed Adjustment	Reduced Capi tal Rel ated Cost	Total Patient Days	Per Diem (col. 3 / col. 4)	
		Part II, col.		(col. 1 - col.			
		1.00	2.00	3.00	4. 00	5. 00	
I N	PATIENT ROUTINE SERVICE COST CENTERS			•			
30. 00 AD	OULTS & PEDIATRICS	1, 083, 128	0	1, 083, 12	8 29, 695	36. 48	30. 00
31. 00 I N	ITENSIVE CARE UNIT	240, 714		240, 71	4 2, 719	88. 53	31.00
40. 00 SU	JBPROVI DER - I PF	146, 851	0	146, 85	1 3, 667	40. 05	40.00
41. 00 SU	JBPROVI DER - I RF	238, 449	0	238, 44	9 5, 623	42. 41	41.00
43. 00 NU	JRSERY	23, 480		23, 480	1, 064	22. 07	43. 00
200. 00 To	otal (lines 30 through 199)	1, 732, 622		1, 732, 62	2 42, 768		200. 00
	Cost Center Description	I npati ent	I npati ent				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
		/ 00	6)	-			
LNI	PATIENT ROUTINE SERVICE COST CENTERS	6. 00	7. 00				
	OULTS & PEDIATRICS	2, 342	85, 436				30.00
	ITENSI VE CARE UNI T	17					31.00
	JBPROVI DER - I PF	278					40.00
	JBPROVI DER - I RF	87		•			41.00
	JRSERY	222					43. 00
	tal (lines 30 through 199)	2, 946					200. 00

Health Financial Systems		ST. CATHERINE H	IOSPI TAL	In Li	eu of Form CMS-2552-10
ADDODEL ONMENT OF INDATIONS	ANGLI LADV CEDVI CE CADITAL	COCTC	D	D!!	Wasaliala a 4 D

Health Financial Systems	ST. CATHERIN	IE HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provi der C		Period: From 07/01/2019	Worksheet D Part II	
				To 06/30/2020	Date/Time Pre 11/25/2020 10	
		Ti +I	e XIX	Hospi tal	PPS	. 13 4111
Cost Center Description	Capi tal		Ratio of Cost		Capital Costs	
	Related Cost			Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col		column 4)	
	Part II, col.	8)	2)		Í	
	26)	,				
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	994, 348	45, 331, 334	0. 02193	580, 969	12, 744	50.00
51. 00 05100 RECOVERY ROOM	16, 339	2, 610, 159	0. 00626	0 60, 180	377	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	51, 950	4, 254, 338	0. 01221	1 273, 740	3, 343	52. 00
53. 00 05300 ANESTHESI OLOGY	66, 747	6, 073, 948	0. 01098	9 140, 846	1, 548	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	541, 480	22, 924, 038	0. 02362	1 224, 512	5, 303	54. 00
54. 01 05401 ULTRASOUND	119, 104	7, 504, 195	0. 01587	2 58, 362	926	54. 01
54. 02 03040 AUDI OLOGY	C	0	0.00000		0	54. 02
56. 00 05600 RADI 0I SOTOPE	68, 842	10, 054, 543	0. 00684	7 24, 083	165	56. 00
57. 00 05700 CT SCAN	173, 399	29, 097, 888	0. 00595	9 280, 707	1, 673	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	497, 272	26, 455, 380	0. 01879	7 381, 502	7, 171	59. 00
60. 00 06000 LABORATORY	336, 096	64, 249, 615	0.00523	1 1, 017, 528	5, 323	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49, 805	3, 026, 349	0. 01645	7 22, 354	368	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	C	0	0.00000	0	0	62. 30
63. 02 06301 NONI NVASI VE LAB	245, 852	14, 757, 713	0. 01665	9 135, 042	2, 250	63. 02
65. 00 06500 RESPIRATORY THERAPY	83, 468	9, 791, 052	0.00852	5 242, 045	2, 063	65.00
66. 00 06600 PHYSI CAL THERAPY	138, 313	12, 489, 150			1, 008	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	39, 388	5, 879, 864	0. 00669	9 57, 341	384	67. 00
68. 00 06800 SPEECH PATHOLOGY	18, 058	1, 490, 105	0. 01211	9 63, 461	769	68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	57, 626	4, 298, 350			205	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 366				321	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11, 994				65	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	220, 413			2 1, 167, 002	3, 608	
74.00 07400 RENAL DIALYSIS	10, 670	3, 805, 148	0.00280	4 134, 879	378	
75. 01 03480 ONCOLOGY	62, 592	3, 222, 150	0. 01942	6 0	0	75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	75, 181	666, 416	0. 11281	4 6, 060	684	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	C	0	0.00000	0 0	0	76. 98
76. 99 07699 LI THOTRI PSY	C	0	0.00000	0	0	76. 99
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	39, 666				0	90. 00
90. 01 09001 OP PSYCH	14, 860				0	90. 01
91. 00 09100 EMERGENCY	237, 025			· ·	1, 290	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	179, 493				0	92. 00
200.00 Total (lines 50 through 199)	4, 363, 347	448, 348, 805	1	5, 639, 453	51, 966	200.00

Health Financial Systems	ST. CATHERI NI	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COST	S Provider CO		Peri od:	Worksheet D	
				From 07/01/2019 To 06/30/2020	Part III Date/Time Pre	narod:
				10 00/30/2020	11/25/2020 10	:13 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description		Nursing School	Allied Healt	n Allied Health	All Other	
	Post-Stepdown		Post-Stepdow		Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1. 00	2A	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		0				00.00
30. 00 03000 ADULTS & PEDIATRICS	0	0	•	0	0	
31. 00 03100 INTENSIVE CARE UNIT	0	0		0	0	31.00
40. 00 04000 SUBPROVI DER - PF 41. 00 04100 SUBPROVI DER - RF	0	0		0	0	
41. 00 04100 SUBPROVI DER - I RF 43. 00 04300 NURSERY	0	0		0	-	41.00
200.00 Total (lines 30 through 199)	0	0		0	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Dation	t Per Diem (col.	Inpati ent	200.00
cost center bescription	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,	Days	3 . coi . o)	l 11 Ogi alli Days	
	instructions)					
	4.00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	0	29, 69	5 0.00	2, 342	30. 00
31.00 03100 INTENSIVE CARE UNIT		0	2, 71		17	31. 00
40. 00 04000 SUBPROVI DER - I PF		0	3, 66	7 0.00	270	40.00
	0	U			278	40.00
41. 00 04100 SUBPROVI DER - I RF	0	0	5, 62	3 0.00	87	41. 00
41. 00 04100 SUBPROVI DER - RF 43. 00 04300 NURSERY	١	0	5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41.00 04100 SUBPROVI DER - IRF 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	O	0 0 0	5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00
41. 00 04100 SUBPROVI DER - 1 RF 43. 00 04300 NURSERY	0 Inpatient		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41.00 04100 SUBPROVI DER - IRF 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	Inpatient Program		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41.00 04100 SUBPROVI DER - IRF 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	Inpatient Program Pass-Through		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41.00 04100 SUBPROVI DER - IRF 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	Inpatient Program Pass-Through Cost (col. 7 x		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41.00 04100 SUBPROVIDER - IRF 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY 200. 00 Total (lines 30 through 199) Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY Total (lines 30 through 199) Cost Center Description INPATIENT ROUTINE SERVICE COST CENTERS	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00 200. 00
41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY 200. 00 Total (lines 30 through 199) Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00
41. 00 04100 SUBPROVI DER - IRF 43. 00 04300 NURSERY Total (lines 30 through 199) Cost Center Description INPATIENT ROUTINE SERVICE COST CENTERS 30. 00 03000 ADULTS & PEDIATRICS	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00 200. 00
41. 00	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00 200. 00 30. 00 31. 00
41. 00	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		5, 62 1, 06	3 0. 00 4 0. 00	87 222	41. 00 43. 00 200. 00 30. 00 31. 00 40. 00
41. 00 04100 SUBPROVI DER - IRF 43. 00 04300 NURSERY Total (lines 30 through 199) Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		5, 62 1, 06	3 0.00 4 0.00	87 222	41. 00 43. 00 200. 00 30. 00 31. 00 40. 00 41. 00

 Heal th Financial
 Systems
 ST. CATHERINE I

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 ST. CATHERINE HOSPITAL Provi der CCN: 15-0008

THROUGH COSTS

						11/25/2020 10	13 am
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing Schoo	I Allied Health	Allied Health	
		Anesthetist	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
ANCI L	LLARY SERVICE COST CENTERS						
50.00 05000	O OPERATING ROOM	0	C		0 0	0	50.00
51.00 05100	O RECOVERY ROOM	0	C		0	0	51.00
52.00 05200	ODELIVERY ROOM & LABOR ROOM	0	C		0	0	52.00
53.00 05300	O ANESTHESI OLOGY	0	C		0	0	53.00
54.00 05400	O RADI OLOGY-DI AGNOSTI C	0	C		0	0	54.00
54. 01 0540°	1 ULTRASOUND	0	c		0	0	54. 01
54. 02 03040	O AUDI OLOGY	0	c		0	0	54.02
56. 00 05600	O RADI OI SOTOPE	0	l c		0	0	56.00
57.00 05700	OCT SCAN	0	l c		0 0	0	57.00
59.00 05900	O CARDI AC CATHETERI ZATI ON	0	l c		0 0	0	59.00
60.00 06000	O LABORATORY	0	l c		0 0	0	60.00
62.00 06200	OWHOLE BLOOD & PACKED RED BLOOD CELL	0	l c		0 0	0	62.00
62. 30 06250	D BLOOD CLOTTING FOR HEMOPHILIACS	0	l c		0 0	0	62. 30
63. 02 0630°	1 NONI NVASI VE LAB	0	l c		0 0	0	63. 02
65.00 06500	O RESPIRATORY THERAPY	0	l c		0 0	0	65.00
66.00 06600	O PHYSI CAL THERAPY	0	l c		0 0	0	66.00
67.00 06700	O OCCUPATI ONAL THERAPY	0	l c		0 0	0	67.00
68.00 06800	O SPEECH PATHOLOGY	0	l c		0 0	0	68.00
70.00 07000	O ELECTROENCEPHALOGRAPHY	0	l c		0 0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	l c		0 0	0	71.00
72.00 07200	O IMPL. DEV. CHARGED TO PATIENTS	0			o o	l ol	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	l c		0 0	0	73.00
74.00 07400	O RENAL DIALYSIS	0	l c		0 0	0	74.00
75. 01 03480	OONCOLOGY	0	l c		0 0	0	75. 01
76. 97 0769	7 CARDIAC REHABILITATION	0	l c		0 0	0	76. 97
	8 HYPERBARIC OXYGEN THERAPY	0			0	0	76. 98
	9 LI THOTRI PSY	0			0	0	76. 99
	ATIENT SERVICE COST CENTERS	_	_	1	-	_	
	O CLINIC	0	C		ol o	0	90. 00
	1 OP PSYCH		l c		0	0	90. 01
	O EMERGENCY				o o	0	91. 00
	O OBSERVATION BEDS (NON-DISTINCT PART				ō	0	92. 00
200. 00	Total (lines 50 through 199)		C		o o	١	200. 00
	1 (1	,	1	-1	۱ ۱	

Health Financial Systems	ST. CATHERINE HO	SPI TAL	In Lieu	ı of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT AN	ICILLARY SERVICE OTHER PASS	Provider CCN: 15-0008	Peri od:	Worksheet D

From 07/01/2019 | Part IV To 06/30/2020 | Date/Time Prepared: THROUGH COSTS 11/25/2020 10:13 am Title XIX Hospi tal All Other Ratio of Cost Cost Center Description Total Cost Total Total Charges to Charges Medi cal (from Wkst. C, (sum of cols. Outpati ent Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ col 4) 8) col s. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 45, 331, 334 0.00000050.00 00000000000000000000000000000 51.00 05100 RECOVERY ROOM 0 0 2, 610, 159 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 4, 254, 338 0.000000 52.00 05300 ANESTHESI OLOGY 0 0 53 00 6, 073, 948 0.000000 53 00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 0 22, 924, 038 0.000000 54.00 54.01 05401 ULTRASOUND 7, 504, 195 0.000000 54.01 54.02 03040 AUDI OLOGY 0 0 0.000000 54 02 05600 RADI OI SOTOPE 0 0 10, 054, 543 56.00 0.000000 56.00 57.00 05700 CT SCAN 29, 097, 888 0.000000 57.00 59.00 05900 CARDIAC CATHETERIZATION 0 26, 455, 380 0.000000 59.00 64, 249, 615 06000 LABORATORY Ω 0.000000 60 00 60 00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 3, 026, 349 0.000000 62.00 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0.000000 62.30 06301 NONI NVASI VE LAB 0 14, 757, 713 0.000000 63.02 63.02 65.00 06500 RESPIRATORY THERAPY 0 9, 791, 052 0.000000 65 00 66.00 06600 PHYSI CAL THERAPY 0 12, 489, 150 0.000000 66.00 06700 OCCUPATIONAL THERAPY 5, 879, 864 0.000000 67.00 67.00 06800 SPEECH PATHOLOGY 0 1, 490, 105 0.000000 68.00 68.00 07000 ELECTROENCEPHALOGRAPHY 0 4, 298, 350 0.000000 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 10, 608, 839 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 8, 554, 288 0.000000 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 71, 281, 144 73.00 0.000000 73.00 07400 RENAL DIALYSIS 0 0.000000 74.00 Ω 3, 805, 148 74 00 75. 01 03480 ONCOLOGY 0 0 3, 222, 150 0.000000 75.01 07697 CARDIAC REHABILITATION 76.97 666, 416 0.000000 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0 0 0.000000 76.98 76.98 07699 LI THOTRI PSY 0 76. 99 0 0.000000 76.99 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 0 0 418, 048 0.000000 90.00 09001 OP PSYCH 0 0 90.01 0 624, 128 0.000000 90.01 91. 00 | 09100 | EMERGENCY 0 66, 302, 254 0.00000091.00 0 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 0 12, 578, 369 0.000000 92.00

0

448, 348, 805

200.00

Total (lines 50 through 199)

Health Financial Systems		ST. CATH	HERINE HOSPITA	AL		In Lieu of F	orm CMS-2552-10
ADDODTIONMENT OF INDATIONAL	HITDATIENT ANCILLAD	/ SEDVICE OTHER	DASS Provi	der CCN: 15-00	nne Period	Works	heat D

Part IV From 07/01/2019 THROUGH COSTS 06/30/2020 Date/Time Prepared: 11/25/2020 10:13 am Title XIX Hospi tal PPS Outpati ent Cost Center Description Outpati ent Inpatient Inpati ent Outpati ent Program Ratio of Cost Program Program Program Pass-Through Pass-Through to Charges Charges Charges Costs (col. (col. 6 ÷ col Costs (col. 8 x col . 12) 13.00 7) x col. 10) 9.00 10.00 11.00 12.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 580, 969 0 0 50.00 0 05100 RECOVERY ROOM 51.00 0.000000 60, 180 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 273, 740 0 52.00 52.00 0 05300 ANESTHESI OLOGY 0.000000 140, 846 0 53.00 53.00 0 0 05400 RADI OLOGY-DI AGNOSTI C 0.000000 54.00 224, 512 54.00 0 0 54.01 05401 ULTRASOUND 0.000000 58, 362 0 54.01 54.02 03040 AUDI OLOGY 0.000000 0 0 54.02 0 56.00 05600 RADI OI SOTOPE 0.000000 24.083 56.00 0 0 05700 CT SCAN 57.00 0.000000 280, 707 0 57.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 381, 502 0 59.00 06000 LABORATORY 0 60.00 0.000000 1,017,528 0 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0.000000 0 62 00 22, 354 0 62.00 62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 0.000000 0 62.30 06301 NONINVASIVE LAB 0.000000 135, 042 0 63.02 0 63.02 06500 RESPIRATORY THERAPY 242.045 0 65 00 0.000000 0 65 00 90, 975 66.00 06600 PHYSI CAL THERAPY 0.000000 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 0.000000 57, 341 0 0 67.00 06800 SPEECH PATHOLOGY 0 68.00 0.000000 63, 461 0 68.00 07000 ELECTROENCEPHALOGRAPHY 70 00 0.000000 15, 302 0 70 00 0 |07100|MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 0.000000 255, 103 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 46, 541 0 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 1, 167, 002 0 73.00 07400 RENAL DIALYSIS 0.000000 0 74.00 74 00 134, 879 0 75.01 03480 ONCOLOGY 0.000000 0 75.01 76. 97 07697 CARDIAC REHABILITATION 0.000000 0 0 76. 97 6,060 07698 HYPERBARI C OXYGEN THERAPY 0 76. 98 76. 98 0.000000 0 07699 LI THOTRI PSY 0 0.000000 76.99 76.99 0 0 OUTPATIENT SERVICE COST CENTERS 09000 CLI NI C 90.00 90 00 0.000000 0 90.01 09001 OP PSYCH 0.000000 0 0 90. 01

0.000000

0.000000

360, 919

0

5, 639, 453

91.00

92.00

0 200.00

0

09100 EMERGENCY

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (lines 50 through 199)

91.00

Health Financial Systems	ST. CATHERIN		1		u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 15-0008	Period: From 07/01/2019	Worksheet D Part II	
		Component		To 06/30/2020	Date/Time Pre 11/25/2020 10	pared: :13 am
		Titl	e XIX	Subprovi der - I PF	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	994, 348	45, 331, 334	0. 02193		0	50. 00
51.00 05100 RECOVERY ROOM	16, 339			0 0	0	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	51, 950	4, 254, 338	0. 01221	1 0	0	52. 00
53. 00 05300 ANESTHESI OLOGY	66, 747	6, 073, 948	0. 01098	9 0	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	541, 480	22, 924, 038	0. 02362	1 5, 827	138	54.00
54. 01 05401 ULTRASOUND	119, 104	7, 504, 195	0. 01587	2 688	11	54. 01
54. 02 03040 AUDI OLOGY	0	_	0.0000	0 0	0	54. 02
56. 00 05600 RADI 0I SOTOPE	68, 842	10, 054, 543	0. 00684	7 0	0	56. 00
57. 00 05700 CT SCAN	173, 399	29, 097, 888	0. 00595	9, 577	57	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	497, 272	26, 455, 380	0. 01879	7 1, 680	32	59. 00
60. 00 06000 LABORATORY	336, 096	64, 249, 615	0.00523	1 73, 851	386	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49, 805	3, 026, 349	0. 01645	7 0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.00000	0 0	0	62. 30
63. 02 06301 NONI NVASI VE LAB	245, 852	14, 757, 713	0. 01665	9 12, 733	212	63. 02
65. 00 06500 RESPIRATORY THERAPY	83, 468	9, 791, 052	0. 00852	5 9, 668	82	65. 00
66. 00 06600 PHYSI CAL THERAPY	138, 313	12, 489, 150	0. 01107	5 21, 752	241	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	39, 388	5, 879, 864	0.00669	9 16, 980	114	67. 00
68. 00 06800 SPEECH PATHOLOGY	18, 058	1, 490, 105	0. 01211	9 1, 292	16	68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	57, 626	4, 298, 350	0. 01340	7 0	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 366	10, 608, 839	0. 00126	0 4, 241	5	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11, 994			2 0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	220, 413	71, 281, 144	0.00309	2 158, 115	489	73. 00
74.00 07400 RENAL DIALYSIS	10, 670	3, 805, 148	0.00280	4 9, 735	27	74. 00
75. 01 03480 ONCOLOGY	62, 592	3, 222, 150	0. 01942	6 0	0	75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	75, 181	666, 416	0. 11281	4 0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0.00000	0 0	0	76. 98
76. 99 07699 LI THOTRI PSY	0	0	0.00000	0 0	0	76. 99
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	39, 666		0. 09488	4 1, 106	105	
90. 01 09001 OP PSYCH	14, 860	624, 128			0	90. 01
91. 00 09100 EMERGENCY	237, 025			58, 690	210	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	12, 578, 369	0.00000		0	
200.00 Total (lines 50 through 199)	4, 183, 854	448, 348, 805		385, 935	2, 125	200. 00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0008 Component CCN: 15-S008	Peri od: From 07/01/2019 To 06/30/2020	Date/Time Prepared:
				11/25/2020 10:13 am
		Title XIX	Subprovi der -	PPS

			Ti tl	e XIX	Subprovi der - I PF	PPS	
	Cost Center Description	Non Dhysisian	Nurcina School	Nurcina Schoo	Allied Health	Allied Health	
	cost center bescription		Post-Stepdown	INUISITIS SCHOOL	Post-Stepdown	Allieu nealth	
		Cost	Adj ustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	ZA	2.00	JA	3.00	
	05000 OPERATING ROOM	0	0		0	0	50. 00
	05100 RECOVERY ROOM		0		0	o o	51. 00
4	05200 DELIVERY ROOM & LABOR ROOM		0		0	o o	52. 00
	05300 ANESTHESI OLOGY		0		0	o o	53. 00
	05400 RADI OLOGY-DI AGNOSTI C	o	0		0	0	54. 00
	05401 ULTRASOUND	o	0		0	0	54. 01
	03040 AUDI OLOGY	o	0		0	0	54. 02
	05600 RADI OI SOTOPE	o	0		0	0	56. 00
	05700 CT SCAN	o	0		0	0	57. 00
	05900 CARDI AC CATHETERI ZATI ON	o	0		0	0	59. 00
	06000 LABORATORY	o	0		0	0	60.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	o	0		0	o	62.00
	06250 BLOOD CLOTTING FOR HEMOPHILIACS	o	0		0	o	62. 30
	06301 NONI NVASI VE LAB	o	0		0	o	63. 02
1	06500 RESPIRATORY THERAPY	0	0		0	0	65. 00
	06600 PHYSI CAL THERAPY	o	0		0	0	66. 00
	06700 OCCUPATI ONAL THERAPY	o	0		0	o o	67. 00
4	06800 SPEECH PATHOLOGY	o	0		0	ol	68. 00
4	07000 ELECTROENCEPHALOGRAPHY	o	0		0	ol	70. 00
4	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	o	0		0	ol	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	O	0		0	o	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	o	0		0	ol	73. 00
74. 00	07400 RENAL DIALYSIS	o	0		0	o	74.00
75. 01	03480 ONCOLOGY	o	0		0	0	75. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	o	0		0	0	76. 97
76. 98	07698 HYPERBARIC OXYGEN THERAPY	o	0		0	0	76. 98
76. 99	07699 LI THOTRI PSY	o	0		0	0	76. 99
	OUTPATIENT SERVICE COST CENTERS				"		
90.00	09000 CLI NI C	0	0		0 0	0	90.00
90. 01	09001 OP PSYCH	0	0		0	0	90. 01
91. 00	09100 EMERGENCY	0	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	o			O	0	92.00
200.00	Total (lines 50 through 199)	o	0		0	0	200. 00

Health Financial Syst	ome	ST. CATHERIN	IE HOSDITAI		In Lie	eu of Form CMS-2	2552 10
Health Financial Syst	ATLENT/OUTPATLENT ANCILLARY SE			CN: 15 0009	Peri od:	Worksheet D	2332-10
THROUGH COSTS	TIENT/OUTLATTENT ANGIELANT SE	INVIOL OTHER TAS	J Trovider C	CIV. 13-0000	From 07/01/2019		
			Component	CCN: 15-S008	To 06/30/2020		
			Titl	e XIX	Subprovi der - I PF	PPS	
Cost Cent	ter Description	All Other	Total Cost	Total		Ratio of Cost	
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4. 00	5. 00	6. 00	7. 00	8. 00	
	ICE COST CENTERS			1			
50. 00 05000 OPERATI NO		0			0 45, 331, 334		
51. 00 05100 RECOVERY		0		l .	0 2, 610, 159		
	ROOM & LABOR ROOM	0	0		0 4, 254, 338		
53. 00 05300 ANESTHESI		0	0		0 6, 073, 948	l .	
54. 00 05400 RADI OLOG		0	0		0 22, 924, 038		
54. 01 05401 ULTRASOUN		0	0		0 7, 504, 195		
54. 02 03040 AUDI OLOG		0	0		0	0.000000	
56. 00 05600 RADI 0I SO	ГОРЕ	0	0)	0 10, 054, 543	l .	
57.00 05700 CT SCAN		0	0	1	0 29, 097, 888	l .	
	CATHETERI ZATI ON	0	0)	0 26, 455, 380	l .	
60. 00 06000 LABORATOF		0	0	1	0 64, 249, 615	l .	
	OOD & PACKED RED BLOOD CELL	0	0)	0 3, 026, 349	l .	
	OTTING FOR HEMOPHILIACS	0	0	1	0	0.000000	
63. 02 06301 NONI NVASI		0	0	1	0 14, 757, 713	0.000000	63. 02
65. 00 06500 RESPI RATO		0	0	1	0 9, 791, 052	0.000000	65. 00
66. 00 06600 PHYSI CAL		0	0	1	0 12, 489, 150	0.000000	66. 00
67. 00 06700 0CCUPATI (ONAL THERAPY	0	0	1	0 5, 879, 864	0.000000	67. 00
68. 00 06800 SPEECH PA	ATHOLOGY	0	0		0 1, 490, 105	0.000000	68. 00
70. 00 07000 ELECTROE	NCEPHALOGRAPHY	0	0		0 4, 298, 350	0.000000	70. 00
71.00 07100 MEDICAL S	SUPPLIES CHARGED TO PATIENT	0	0)	0 10, 608, 839	0.000000	71. 00
72.00 07200 I MPL. DE\	/. CHARGED TO PATIENTS	0	0)	0 8, 554, 288	0.000000	72. 00
73. 00 07300 DRUGS CHA	ARGED TO PATIENTS	0	0)	0 71, 281, 144	0.000000	73. 00
74.00 07400 RENAL DIA	ALYSI S	0	0)	0 3, 805, 148	0.000000	74.00
75. 01 03480 ONCOLOGY		0	0)	0 3, 222, 150	0.000000	75. 01
76. 97 07697 CARDI AC 1	REHABI LI TATI ON	0	0)	0 666, 416	0.000000	76. 97
76. 98 07698 HYPERBARI	C OXYGEN THERAPY	0	0	1	0 0	0.000000	76. 98
76. 99 07699 LI THOTRI I	PSY	0	0	1	0 0	0.000000	76. 99
OUTPATIENT SER'	VICE COST CENTERS						
90. 00 09000 CLI NI C		0	0		0 418, 048	0.000000	90.00
90. 01 09001 OP PSYCH		0	0		0 624, 128	0.000000	90. 01
91. 00 09100 EMERGENC	(0	0		0 66, 302, 254	0.000000	91. 00
92. 00 09200 OBSERVATI	ON BEDS (NON-DISTINCT PART	0	0		0 12, 578, 369	0.000000	92.00
200.00 Total (Li	nes 50 through 199)	0	0		0 448, 348, 805		200. 00
	÷ ,	•	,	•		•	

Health Financial Systems	ST. CATHERINE		N 15 0000		u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE UTHER PASS	Provider Component (CCN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Pre 11/25/2020 10	pared: :13 am
		Ti tl	e XIX	Subprovi der – I PF	PPS	
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANOUL ARY OFRIVES COOT OFFITERS	9.00	10. 00	11. 00	12. 00	13. 00	
ANCILLARY SERVICE COST CENTERS	0.000000					F0 00
50. 00 05000 OPERATING ROOM	0. 000000	0		0 0	0	
51. 00 05100 RECOVERY ROOM	0. 000000	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	5, 827		0 0	_	54.00
54. 01 05401 ULTRASOUND	0. 000000	688		0 0	0	
54. 02 03040 AUDI OLOGY 56. 00 05600 RADI OI SOTOPE	0. 000000 0. 000000	0		0 0	_	54. 02 56. 00
	0.000000	-		0 0	0	1
57. 00 05700 CT SCAN 59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	9, 577 1, 680		0 0	0	57. 00 59. 00
60. 00 06000 LABORATORY	0. 000000	73, 851		0 0	0	60.00
62.00 06200 LABORATORT 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000	73, 651		0 0	0	
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0		0 0	0	62. 30
63. 02 06301 NONI NVASI VE LAB	0. 000000	12, 733		0 0	0	
65. 00 06500 RESPIRATORY THERAPY	0. 000000	9, 668			0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	21, 752		0 0	0	
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	16, 980		0 0	0	1
68. 00 06800 SPEECH PATHOLOGY	0. 000000	1, 292		0 0	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	1, 2,72			0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	4, 241			0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	7, 241		0 0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	158, 115		0 0	0	
74. 00 07400 RENAL DIALYSIS	0. 000000	9, 735		0 0	0	
75. 01 03480 ONCOLOGY	0. 000000	0,700		0 0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0 0	0	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	Ö	
76. 99 07699 LI THOTRI PSY	0. 000000	0		0 0	0	
OUTPATIENT SERVICE COST CENTERS	0.00000			<u> </u>		70.77
90. 00 09000 CLINIC	0. 000000	1, 106		0 0	0	90.00
90. 01 09001 0P PSYCH	0. 000000	0		0 0	0	
91. 00 09100 EMERGENCY	0. 000000	58, 690		0 0	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0		0 0	0	
200.00 Total (lines 50 through 199)		385, 935		0 0	-	200. 00

	07 0474504				6.5	
Health Financial Systems APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	ST. CATHERIN	Provider C	CN. 1F 0000	In Lie Period:	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL CUS15	Provider C	CN: 15-0008	Period: From 07/01/2019	Worksheet D Part II	
		Component		To 06/30/2020	Date/Time Pre 11/25/2020 10	
			e XIX	Subprovi der - I RF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)			4.00		
ANOLILIADIZ OFFICE COOT OFFITFICE	1. 00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	004.040	45 004 004	0.00400	-l ol		
50. 00 05000 OPERATI NG ROOM	994, 348				0	
51. 00 05100 RECOVERY ROOM	16, 339				0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	51, 950				0	
53. 00 05300 ANESTHESI OLOGY	66, 747				8	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	541, 480				16	
54. 01 05401 ULTRASOUND	119, 104	1			5	54. 01
54. 02 03040 AUDI OLOGY	0				0	
56. 00 05600 RADI 01 SOTOPE	68, 842		1		0	
57. 00 05700 CT SCAN	173, 399				8	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	497, 272				96	
60. 00 06000 LABORATORY	336, 096		1		47	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49, 805				0	
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0				0	62. 30
63. 02 06301 NONI NVASI VE LAB	245, 852		1		6	
65. 00 06500 RESPI RATORY THERAPY	83, 468		1		16	
66. 00 06600 PHYSI CAL THERAPY	138, 313				486	
67. 00 06700 OCCUPATI ONAL THERAPY	39, 388		1		281	67.00
68. 00 06800 SPEECH PATHOLOGY	18, 058				61	68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	57, 626				0	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	13, 366		1		6	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	11, 994		1		3	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	220, 413				139	1
74. 00 07400 RENAL DI ALYSI S	10, 670		1		46	
75. 01 03480 0NCOLOGY	62, 592				0	
76. 97 O7697 CARDI AC REHABI LI TATI ON	75, 181	1			0	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	1			0	
76. 99 07699 LI THOTRI PSY	0) C	0.00000	0 0	0	76. 99
OUTPATIENT SERVICE COST CENTERS				.1	_	
90. 00 09000 CLI NI C	39, 666	1	1		0	
90. 01 09001 OP PSYCH	14, 860		1		0	
91. 00 09100 EMERGENCY	237, 025				0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	,,	1		0	
200.00 Total (lines 50 through 199)	4, 183, 854	448, 348, 805	·I	178, 360	1, 224	200. 00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0008	Peri od: From 07/01/2019	Worksheet D
Inkough COSTS		Component CCN: 15-T008		
		Title XIX	Subprovi der -	PPS

			Ti tl	e XIX	Subprovi der - I RF	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	·	Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	(0	0	
51.00	05100 RECOVERY ROOM	0	0	(0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	(0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	(0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	(0	0	54.00
54. 01	05401 ULTRASOUND	0	0	(0	0	54. 01
	03040 AUDI OLOGY	0	0	(0	0	54. 02
56.00	05600 RADI OI SOTOPE	0	0	(0	0	56. 00
57.00	05700 CT SCAN	0	0	(0	0	57. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	(0	0	59. 00
60.00	06000 LABORATORY	0	0	(0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	(0	0	62. 00
62. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	(0	0	62. 30
63. 02	06301 NONI NVASI VE LAB	0	0	(0	0	63. 02
65.00	06500 RESPI RATORY THERAPY	0	0	(0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0	(0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	(0	0	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0	(0	0	68. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	(0	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(0	0	71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	(0	0	73. 00
	07400 RENAL DIALYSIS	0	0	(0	0	74. 00
	03480 ONCOLOGY	0	0	(0	0	75. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	(0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	(0	0	76. 98
76. 99	07699 LI THOTRI PSY	0	0	(0	0	76. 99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0	(0	0	90. 00
90. 01	09001 OP PSYCH	0	0	(0	0	90. 01
	09100 EMERGENCY	0	0	(0	0	91. 00
		0		(0	92. 00
200.00	Total (lines 50 through 199)	0	0	(이	0	200. 00

Health Financial Systems	ST. CATHERIN	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERTHROUGH COSTS	VICE OTHER PASS		CN: 15-0008 CCN: 15-T008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Pre	
		Component	0014: 10 1000		11/25/2020 10	: 13 am
		Ti tl	e XIX	Subprovi der - I RF	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
				7.00	instructions)	
ANOLLI ADV. CEDIU OF COCT. OFNITEDO	4. 00	5. 00	6. 00	7. 00	8. 00	
ANCILLARY SERVICE COST CENTERS	_			0 45 004 004	0.00000	F0 00
50. 00 05000 OPERATING ROOM	0	-		0 45, 331, 334		•
51. 00 05100 RECOVERY ROOM	0	1	•	0 2, 610, 159	0.000000	•
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1	0 4, 254, 338	0.000000	•
53. 00 05300 ANESTHESI OLOGY	0	0		0 6, 073, 948	0.000000	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 22, 924, 038	0.000000	1
54. 01 05401 ULTRASOUND	0	0		0 7, 504, 195	0.000000	1
54. 02 03040 AUDI OLOGY	0	0		0 0 0 0 0	0.000000	1
56. 00 05600 RADI OI SOTOPE	0	0		0 10, 054, 543	0.000000	1
57. 00 05700 CT SCAN	0	0		0 29, 097, 888	0.000000	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 26, 455, 380	0.000000	1
60. 00 06000 LABORATORY	0	0		0 64, 249, 615	0.000000	•
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 3, 026, 349	0.000000	1
	0				0.000000	•
	0	0			0.000000	l
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0			0 9, 791, 052 0 12, 489, 150	0.000000	•
67. 00 06700 OCCUPATI ONAL THERAPY	0	0			0. 000000 0. 000000	1
68. 00 06800 SPEECH PATHOLOGY	0			0 5, 879, 864 0 1, 490, 105	0.000000	•
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 4, 298, 350	0.000000	l
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 10, 608, 839	0.000000	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 8, 554, 288	0.000000	1
73. 00 07300 DRUGS CHARGED TO PATTENTS		0		0 71, 281, 144	0.000000	1
74. 00 07400 RENAL DIALYSIS		0		0 3, 805, 148	0.000000	1
75. 01 03480 ONCOLOGY	0	0		0 3, 222, 150	0.000000	ı
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 5, 222, 130	0.000000	1
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	-		0 000, 410	0.000000	ı
76. 99 07699 LI THOTRI PSY	0	-	l .	0 0	0.000000	1
OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0.000000	70. 77
90. 00 09000 CLINIC	T 0	0		0 418, 048	0.000000	90.00
90. 01 09001 0P PSYCH	0			0 624, 128		1
91. 00 09100 EMERGENCY	0	l e	•	0 66, 302, 254		1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0 12, 578, 369	0.000000	1
200.00 Total (lines 50 through 199)	0			0 448, 348, 805		200. 00
200.00	1	٥	ı	110,010,000	ı	1-30.00

Health Financial Systems APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE	ST. CATHERINE	Provi der Co	N. 15 0000	Period:	u of Form CMS-2 Worksheet D	2552-10
THROUGH COSTS	WICE UITER PASS		CCN: 15-T008	From 07/01/2019 To 06/30/2020	Part IV Date/Time Pre	pared:
		Ti tl	e XIX	Subprovi der - I RF	PPS	. 13 diii
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) 9.00	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. x col. 10) 11.00	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12) 13.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0. 000000	0		0	0	
51. 00 05100 RECOVERY ROOM	0. 000000	0		0	0	51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0	0	52. 00
53. 00 05300 ANESTHESI OLOGY	0. 000000	755		0	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	669		0	0	54.00
54. 01 05401 ULTRASOUND	0. 000000	285		0	0	54. 01
54. 02 03040 AUDI OLOGY	0.000000	0		0	0	54. 02
56. 00 05600 RADI 0I SOTOPE	0.000000	0		0 0	0	56.00
57. 00 05700 CT SCAN 59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000000	1, 424		0 0	0	57.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0. 000000 0. 000000	5, 093 9, 047		0 0	0	59. 00 60. 00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000	9, 047	•		0	62.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	0			0	62. 30
63. 02 06301 NONI NVASI VE LAB	0. 000000	331			0	63. 02
65. 00 06500 RESPIRATORY THERAPY	0.000000	1, 904			0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	43, 858			0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	41, 955			0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	5, 020		0 0	0	68.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	0, 020	•	0 0	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	4, 450		0 0	0	1
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	2, 111		0 0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	45, 098		0 0	0	73. 00
74. 00 07400 RENAL DIALYSIS	0. 000000	16, 360		0 0	0	74. 00
75. 01 03480 ONCOLOGY	0. 000000	0		0 0	0	75. 01
76. 97 07697 CARDIAC REHABILITATION	0. 000000	0		0 0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0	0	76. 98
76. 99 07699 LI THOTRI PSY	0. 000000	0		0 0	0	76. 99
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0. 000000	0		0	0	
90. 01 09001 0P PSYCH	0. 000000	0		0	0	90. 01
91. 00 09100 EMERGENCY	0. 000000	0		0	0	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0		0	0	92. 00
200.00 Total (lines 50 through 199)		178, 360		0 0	0	200. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020 Worksheet D-1 Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Hospi tal PPS

				11/25/2020 10	:13 am
	Cost Contor Description	Title XVIII	Hospi tal	PPS	
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			29, 695	1. 00
2.00	Inpatient days (including private room days, excluding swing-k			29, 695	2.00
3. 00	Private room days (excluding swing-bed and observation bed day do not complete this line.	/s). IT you have only pr	ivate room days,	0	3. 00
4. 00	Semi-private room days (excluding swing-bed and observation be	ed days)		24, 774	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	24, 7,4	5. 00
	reporting period			- 1	
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)				
7. 00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) arter becember 3	1 of the cost	١	0.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	7, 103	9. 00
	newborn days) (see instructions)	3 (3		· !	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10. 00
44.00	through December 31 of the cost reporting period (see instruct				44 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, er		oom days) arter	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12.00
.2.00	through December 31 of the cost reporting period	t only (thoughting privat	o . co dayo,	ا	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13. 00
	after December 31 of the cost reporting period (if calendar ye				
14.00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	14.00
15. 00	Total nursery days (title V or XIX only)			0	15. 00 16. 00
16. 00	Nursery days (title V or XLX only) SWING BED ADJUSTMENT			U	16.00
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
	reporting period			1	
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
	reporting period			'	
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.001	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20. 00
20.00	reporting period	arter becomber or or t	110 0031	J. 00	20.00
21.00	Total general inpatient routine service cost (see instructions			27, 370, 252	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22. 00
00.00	5 x line 17)	24 6 11			00.00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportin	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	na period (line	0	24. 00
200	7 x line 19)	or or the east ropert.	g por rou (rrino	ا	2 00
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)			_	
26. 00	Total swing-bed cost (see instructions)	(1: 21 -: 1: 2/)		0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Trie 21 illinus Trie 26)		27, 370, 252	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)	a and essentation sea on	a. goo)	Ö	29. 00
30.00	Semi -pri vate 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)	11 00) (0.00	33. 00
34.00	Average per diem private room charge differential (line 32 mir	LIONS)	0. 00 0. 00	34. 00 35. 00	
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	0.00	36.00		
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	27, 370, 252	37.00
37.00	27 minus line 36)	p		2., 3, 3, 232	000
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
38. 00	Adjusted general inpatient routine service cost per diem (see	•		921. 71	
39. 00	Program general inpatient routine service cost (line 9 x line	•		6, 546, 906	39.00
40.00	Medically necessary private room cost applicable to the Progra Total Program general inpatient routine service cost (line 39			0 6, 546, 906	40.00
41.00	Trotal Trogram general impatrent routine service cost (IIIIe 39	11116 40)	l	0, 340, 700	1 41.00

Provider COS 15-000 Serious Provider COS 15-000 Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious Serious	Heal th	n Financial Systems ST. CATHERINE H	OSPI TAL	In Lie	eu of Form CMS-2	2552-10
Cast Center Description	COMPUT	TATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0008		Worksheet D-1	
Cost Center Description						
Total protein Total protein Total protein Section Program Baye Program Baye Cost Cost 2			Title XVIII	Hosni tal		13 am
1.00		Cost Center Description Total				
1.00 2.00 3.00 4.00 5.00 0 0 0 0 0 0 0 0 0		Inpatient Cost Inp		÷		
		1.00		4. 00		
	42. 00	NURSERY (title V & XIX only) 0				42. 00
44.00 CORDINARY CARE UNIT	42.00		2 710 1 020 1	7 015	1 744 104	42.00
45.00 SURRAL INTERSIVE CARE UNIT 46.00 SURRAL INTERSIVE CARE UNIT 46.00 SURRAL INTERSIVE CARE UNIT 46.00 Control Care Description 47.00 Control Center Description 47.00 Control Center Description 47.00 Control Center Description 47.00 Control Center Description 47.00 Control Center Description 47.00 Control Center Description 48.00 Control Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center C			2,719 1,930.1	7 915	1, 766, 106	
27.00 OTHER SPECIAL CARE (SPECIFY)		BURN INTENSIVE CARE UNIT				45. 00
1.00						
1.00	47.00					47.00
10.00 Fortial Program inpatient costs (sum of Flines 41 through 48) (see instructions) 17,477,089 49,00						
PASS_TINDUCH_OOST_ADUSTNENTS						
	49.00		: Tristructions)		17, 477, 089	47.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D. sum of Parts II 446,339 51.00 101al Program inpatient cost (sum of Ilnes 50 and 51) 786,461 52.00 101al Program inpatient operating cost excluding capital related, non-physician anesthetist, and 16,600,628 53.00 101al Program inpatient operating cost excluding capital related, non-physician anesthetist, and 16,600,628 53.00 101al Program inpatient operating cost excluding capital related, non-physician anesthetist, and 16,600,628 53.00 101al Program inpatient operating cost and target amount (line 56 minus Ilne 53) 5.00 55.00 101al Program inpatient operating cost and target amount (line 56 minus Ilne 53) 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	50.00		vices (from Wkst. D, sum	of Parts I and	340, 122	50.00
and IV) 178. dot 1 Total Program excludable cost (sum of lines 50 and 51) 178. dot 1 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and ended and costs (line 49 minus line 52) 178. dot 1 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and ended and costs (line 49 minus line 52) 178. dot 1 Program inpatient operating cost excluding capital related, non-physician anesthetist, and ended and costs (line 49 minus line 52) 178. dot 1 Program discharge	51 00	,	ervices (from Wkst D s	um of Parts II	446 339	51 00
16,690,628 53.00	01.00		or vices (ii om mest. b, s	am or rares in	110,007	01.00
medical education costs (line 49 enus line 52)		,				
TARGET ANDUM TAND LIMIT COMPUTATION 0 54.00 55.00 1argest amount per discharge 0.00 55.00 1argest amount per discharge 0.00 55.00 55.00 1argest amount per discharge 0.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 57.00 55.00 55.00 57.00 55.00 55.00 57.00 55.00 57.00 55.00 55.00 57.00 55.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00	53.00		ea, non-pnysician anestn	etist, and	16, 690, 628	53.00
55.00 Target amount per discharge 0.00 55.00 0.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		TARGET AMOUNT AND LIMIT COMPUTATION				
56. 00 Target amount (IIne 54 x line 55) 0.55.00 0.57.00 0.58.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00 0.59.00						
57. 00 Dirfference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 0 57. 00 58. 00 Boss payment (see instructions) 0 58. 00 58. 00 Boss 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 60. 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) 62. 00 Relief payment (see Instructions) 63. 00 Allowable Inpatient cost plus incentive payment (see instructions) 64. 00 More of the first of the cost reporting period (see instructions) 10 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30 of 30					l	
Solition Lesser of Flines 53/54 or 55 From the cost reporting period ending 1996, updated and compounded by the more thanker to basket 0.00 60.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	57. 00	Difference between adjusted inpatient operating cost and targe	et amount (line 56 minus	line 53)		57.00
market basket			ling 1006 undated and co	mnounded by the		
1.00 If line 53/54 is less than the lower of lines 55, 50 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)	39.00		iring 1996, updated and co	ilipourided by the	0.00	39.00
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) 62.00 Relief payment (see instructions) 63.00 Allowable Inpatient costs plus incentive payment (see instructions) 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (itile XVIII only) 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (itile XVIII only) 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions) 67.00 CH (see instructions) 68.00 (line 12 x line 19) 68.00 (line 12 x line 19) 68.00 (line 12 x line 19) 68.00 (line 13 x line 20) 68.00 (line 13 x line 20) 68.00 (lone 3) Allowable line 4 (line 13 x line 20) 69.00 Total title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (see line 13 x line 20) 69.00 Total title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (see line 13 x line 20) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 37 line 38) 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37) 71.00 Algusted general inpatient routine service cost period dien (line 10 x line 2) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75.00 Capital-related cost allocated to inpatient routine service costs (from provider records) 76.00 Per diem capital-related costs (line 9 x line 70) 77.00 Program capital-related costs (line 9 x line 70) 78.00 Aggregate charges to beneficiaries for excess costs						
amount (line 56), otherwise enter zero (see instructions) 0 62.00 62.00 Allowable Inpatient cost plus incentive payment (see instructions) 0 63.00	61.00				ا	61.00
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 65.00 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 Total title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 0 69.00 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 0 69.00 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 0 69.00 69.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 37) 0 0 0 0 0 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37) 70.00 0 0 0 0 0 0 0 0 0		amount (line 56), otherwise enter zero (see instructions)	, , , , , , , , , , , , , , , , , , ,	the target		
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) 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only) 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions) 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) 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) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 70.00 Aglusted general inpatient routine service cost (line 97 + line 2) 71.00 Adjusted general inpatient routine service cost per diem (line 70 + line 2) 72.00 Pogram routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75.00 Capital-related costs (line 75 + line 2) 76.00 Per diem capital-related costs (line 75 + line 2) 77.00 Aggregate charges to beneficiaries for excess costs (from provider records) 81.00 Aggregate charges to beneficiaries for excess costs (from provider records) 82.00 Inpatient routine service costs (see instructions) 83.00 Agital-routine service cost (line 9 x line 71) 84.00 Pogram inpatient routine service costs (see instructions) 84.00 Pogram inpatient ancillary services (see instructions) 85.00 Total Program inpatient routine be PASS THROUGH COST 87.00 Total observation			one)			
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See Instructions) (title XVIII only) Nedicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See Instructions) (title XVIII only) Nedicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (See Instructions) OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST OFFICIAL COST O	03.00		uis)		0	03.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only) 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions) 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) 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) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 37) 70.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 37) 71.00 Adjusted general inpatient routine service cost per diem (line 70 + line 2) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program ageneral inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75.00 Per diem capital -related costs (line 75 + line 2) 77.00 Program capital -related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 80.00 Total Program routine service cost (see instructions) 81.00 Aggregate charges to beneficiaries for excess costs (from provider records) 82.00 Inpat	64. 00		er 31 of the cost reporti	ng period (See	0	64. 00
instructions) (title XVIII only) Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions) 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) 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) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 28) 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37) 71.00 Adjusted general inpatient routine service cost per diem (line 70 + line 2) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75.00 Capital-related costs (line 75 + line 2) 77.00 Program capital-related costs (line 75 + line 2) 77.00 Program capital-related costs (line 9 x line 70) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 80.00 Total Program routine service costs (see instructions) 80.00 Inpatient routine service costs (initation (line 9 x line 81) 81.00 Reasonable inpatient routine service costs (see instructions) 82.00 Utilization review - physician compensation (see instructions) 82.00 Total Program inpatient routine cost per diem (line 27 + line 2) 87.00 Total observation bed days (see instructions)	65 00		31 of the cost reporting	neriod (See	٥	65 00
CAH (see instructions) 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) 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) 69. 00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 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) 71. 00 Adjusted general inpatient routine service cost per diem (line 70 ± line 2) 72. 00 Program routine service cost (line 9 x line 71) 73. 00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74. 00 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75. 00 Per diem capital -related costs (line 75 ± line 2) 77. 00 78. 00 Inpatient routine service cost (line 74 minus line 77) 79. 00 Aggregate charges to beneficiaries for excess costs (from provider records) 80. 00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 81. 00 Rasonable inpatient routine service costs (see instructions) 82. 00 Rasonable inpatient routine service cost (see instructions) 84. 00 Program inpatient ancillary services (see instructions) 85. 00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF DESERVATION BED PASS THROUGH COST 77. 00 Total observation bed days (see instructions) 86. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 921. 71 88. 00	00.00	instructions) (title XVIII only)				00.00
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) 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) 69. 00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 70. 00 DART 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) 71. 00 Adjusted general inpatient routine service cost period (line 70 + line 2) 72. 00 Program routine service cost (line 9 x line 71) 73. 00 Total Program general inpatient routine service costs (line 14 x line 35) 74. 00 Total Program general inpatient routine service costs (line 72 + line 73) 75. 00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76. 00 Per diem capital -related costs (line 9 x line 76) 77. 00 Program capital -related costs (line 9 x line 77) 78. 00 Aggregate charges to beneficiaries for excess costs (from provider records) 79. 00 Aggregate charges to beneficiaries for excess costs (from provider records) 79. 00 Total Program routine service cost limitation 81. 00 Inpatient routine service cost limitation 82. 00 Inpatient routine service cost limitation (line 9 x line 81) 83. 00 Reasonable inpatient routine service (see instructions) 84. 00 Program inpatient ancillary services (see instructions) 85. 00 Utilization review - physician compensation (see instructions) 86. 00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87. 00 Total observation bed days (see instructions) 88. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 921. 71 88. 00	66. 00		plus line 65)(title XVII	I only). For	0	66. 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) 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 Adjusted general inpatient routine service cost per diem (line 70 + line 2) 71.00 Program routine service cost (line 9 x line 71) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 73.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 + line 2) 76.00 Program capital-related costs (line 9 x line 76) 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 80.00 Inpatient routine service cost limitation (line 9 x line 81) 81.00 Reasonable inpatient routine service cost (see instructions) 81.00 Reasonable inpatient routine service (see instructions) 82.00 Program inpatient ancillary services (see instructions) 84.00 Program inpatient operating costs (sum of lines 83 through 85) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) 86.00 Total observation bed days (see instructions) 86.00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 921.71 88.00	67. 00		ecember 31 of the cost re	porting period	o	67. 00
Cline 13 x line 20) Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) O PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICE/IID ONLY O O O Skilled nursing facility/other nursing facility/ICE/IID routine service cost (line 37) O O O O O O O O O O O O O O O O O O	(0.00	1,				
Total title V or XiX swing-bed NF inpatient routine costs (line 67 + line 68) O 69.00	68.00	·	ember 31 of the cost repo	rting period	ا	68.00
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37) 71.00 Adjusted general inpatient routine service cost per diem (line 70 + line 2) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 73.00 Total Program general inpatient routine service costs (line 72 + line 73) 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 + line 2) 77.00 Program capital-related costs (line 75 + line 2) 78.00 Inpatient routine service cost (line 74 minus line 77) 78.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Inpatient routine service cost for comparison to the cost limitation (line 78 minus line 79) 79.00 Inpatient routine service cost jem diem itation 79.00 Inpatient routine service cost (see instructions) 79.00 Reasonable inpatient routine service costs (see instructions) 80.00 Total Program inpatient ancillary services (see instructions) 81.00 Utilization review - physician compensation (see instructions) 82.00 Inotal Program inpatient operating costs (sum of lines 83 through 85) 83.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 84.00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 85.00 Adjusted general inpatient routine cost per diem (line 27 + line 2)	69. 00	Total title V or XIX swing-bed NF inpatient routine costs (lin	,		0	69. 00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program general inpatient routine service costs (line 72 + line 73) 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 ÷ line 2) 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 78.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.01 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79) 80.00 Inpatient routine service cost limitation 81.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 83.00 Reasonable inpatient routine services (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 87.01 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine service cost file (line 27 + line 2) 921.71 88.00	70.00	·				70.00
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) 74.00 Total Program general inpatient routine service costs (line 72 + line 73) 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 ÷ line 2) 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 81.00 Reasonable inpatient routine service cost (see instructions) 82.00 Program inpatient ancillary services (see instructions) 84.00 Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 921.71 88.00			` ,			
Total Program general inpatient routine service costs (line 72 + line 73) 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 ÷ line 2) 77.00 Program capital-related costs (line 9 x line 76) 1npatient routine service cost (line 74 minus line 77) 78.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 10 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 83.00 Program inpatient ancillary services (see instructions) 84.00 Utilization review - physician compensation (see instructions) 85.00 Utilization review - physician compensation (see instructions) 87.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		Program routine service cost (line 9 x line 71)	·			72. 00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 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 cost 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 Reasonable inpatient routine service costs (see instructions) 82.00 84.00 Program inpatient ancillary services (see instructions) 83.00 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 75.00 Adjusted general inpatient routine service of costs (from Worksheet B, Part II, column 75.00 76.00 76.00 77.00 77.00 77.00 78.00 17.00 77.00 78.00 17.00 77.00 78.00 80.00 80.00 80.00 80.00 79.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00						
76.00 Per diem capital-related costs (line 75 ÷ line 2) 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 78.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 85.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00			•	art II, column		
77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 78.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Router Program routine service costs for comparison to the cost limitation (line 78 minus line 79) Router Program routine service costs for comparison to the cost limitation (line 78 minus line 79) Router Program routine service cost per diem limitation Reasonable inpatient routine service costs (see instructions) Reasonable inpatient routine service costs (see instructions) Router Program inpatient ancillary services (see instructions) Router Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) Router Pass Throutine 20 (sum of lines 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2) Router Program inpatient routine cost per diem (line 27 ÷ line 2)	7/ 00					7/ 00
78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00						
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 85.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00	78. 00	Inpatient routine service cost (line 74 minus line 77)				78. 00
81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 85.00 Pogram inpatient operating costs (sum of lines 83 through 85) 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00		55 5 5	,	us lino 70)		
82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 85.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00			tation (iine 76 min	us IIIC /7)		
84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reservation bed days (see instructions) 88.00 Reservation bed days (see instructions) 88.00 Reservation bed days (see instructions) 88.00 Reservation bed days (see instructions) 88.00 Reservation bed days (see instructions) 89.00 Reservation bed days (see instructions) 89.00 Reservation bed days (see instructions) 89.00 Reservation bed days (see instructions) 89.00 Reservation bed days (see instructions) 89.00 Reservation bed days (see instructions) 89.00 Reservation bed days (see instructions)	82. 00	Inpatient routine service cost limitation (line 9 x line 81)				82. 00
85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Sec. 00 86.00 87.00 88.00		, , , , , , , , , , , , , , , , , , , ,				
86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00						
87.00 Total observation bed days (see instructions) 4,921 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 921.71 88.00	86. 00	Total Program inpatient operating costs (sum of lines 83 throu				86. 00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 921.71 88.00	87. nn				4 921	87. 00
89.00 Observation bed cost (line 87 x line 88) (see instructions) 4,535,735 89.00	88. 00	Adjusted general inpatient routine cost per diem (line 27 ÷ li	ne 2)		921. 71	88. 00
	89. 00	Observation bed cost (line 87 x line 88) (see instructions)			4, 535, 735	89. 00

Health Financial Systems	ST. CATHERIN	E HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Period: From 07/01/2019	Worksheet D-1	
				To 06/30/2020	Date/Time Pre 11/25/2020 10	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST			·		
90.00 Capital-related cost	1, 083, 128	27, 370, 252	0. 03957	3 4, 535, 735	179, 493	90.00
91.00 Nursing School cost	0	27, 370, 252	0.00000	0 4, 535, 735	0	91.00
92.00 Allied health cost	0	27, 370, 252	0.00000	0 4, 535, 735	0	92.00
93.00 All other Medical Education	0	27, 370, 252	0.00000	0 4, 535, 735	0	93.00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0008	Peri od: From 07/01/2019	Worksheet D-1
	Component CCN: 15-S008	To 06/30/2020	Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovi der -	PPS

		II the Aviii	I PF	FF3	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			3, 667	1. 00
2.00	Inpatient days (including private room days, excluding swing-			3, 667	2. 00
3.00	Private room days (excluding swing-bed and observation bed day do not complete this line.	(s). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed davs)		3, 667	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo		31 of the cost	0	5. 00
	reporting period	om dava) ofter December 3)1 of the cost	0	4 00
6. 00	Total swing-bed SNF type inpatient days (including private roof reporting period (if calendar year, enter 0 on this line)	om days) after becember 3	or the cost	0	6. 00
7.00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00
	reporting period			_	
8. 00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	n days) after December 31	of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	1, 526	9. 00
	newborn days) (see instructions)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instructions). Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, er	nter 0 on this line)			
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private	e room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI)	(only (including private	room days)	0	13. 00
13.00	after December 31 of the cost reporting period (if calendar ye			Ö	13.00
14. 00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed o	lays)	0	14. 00
15.00	Total nursery days (title V or XIX only)		-	0	15.00
16. 00	Nursery days (title V or XLX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 of	the cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of t	the cost	0.00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
	reporting period				
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	<i>z</i>)		3, 651, 419	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ng period (line	0	22. 00
	5 x line 17)			_	
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reportir	ng period (line	0	24. 00
	7 x line 19)	·			
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	31 of the cost reporting	period (line 8	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)		3, 651, 419	
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT		<u> </u>		
28. 00 29. 00	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	d and observation bed cha	arges)	0	28. 00 29. 00
30. 00	Semi -pri vate room charges (excluding swing-bed charges)			0	30.00
31. 00	General inpatient routine service cost/charge ratio (line 27	: line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	nus lina 22)(saa instrust	i ons)	0.00	
34. 00 35. 00	Average per diem private room charge differential (line 32 min Average per diem private room cost differential (line 34 x lin	, ,	.1 0113)	0. 00 0. 00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	'/		0.00	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost	and private room cost dif	ferential (line	3, 651, 419	37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			995. 75	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	38)		1, 519, 515	39. 00
40.00	Medically necessary private room cost applicable to the Program	,		1 510 515	
41. 00	Total Program general inpatient routine service cost (line 39	+ ITHE 40)	I	1, 519, 515	41.00

Heal th	Financial Systems	ST. CATHERINE	HOSPI TAL		In Lie	eu of Form CMS-	<u> 2552-10</u>
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der Co		Period: From 07/01/2019		
				CCN: 15-S008	To 06/30/2020	Date/Time Pre 11/25/2020 10	
			Title	XVIII	Subprovi der - I PF	PPS	
	Cost Center Description	Total Inpatient Costlr	Total npatient Days		Program Days	Program Cost (col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.	00 0	0	42.00
43. 00	INTENSIVE CARE UNIT	0	0	0.	00 0	0	43. 00
44.00	CORONARY CARE UNIT						44.00
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 00 46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1.00	
48. 00	Program inpatient ancillary service cost (Wk			`		377, 890	1
49. 00	Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS	41 through 48)(S	<u>ee instructio</u>	ns)		1, 897, 405	49. 00
50.00	Pass through costs applicable to Program inp	atient routine s	ervices (from	Wkst. D, su	m of Parts I and	61, 116	50. 00
51. 00	<pre> </pre>	atient ancillary	services (fr	om Wkst. D,	sum of Parts II	12, 325	51. 00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)				73, 441	52. 00
53. 00	Total Program inpatient operating cost exclu	ding capital rela	ated, non-phy	sician anest	hetist, and	1, 823, 964	1
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	52)					
54.00	Program di scharges					0	
55.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	55. 00 56. 00
57. 00	Difference between adjusted inpatient operat	ing cost and tar	get amount (I	ine 56 minus	line 53)	0	1
58.00	Bonus payment (see instructions)		1 4007			0	
59. 00	.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						
60.00							
61.00	1.00 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						
42.00	amount (line 56), otherwise enter zero (see instructions)						42.00
62. 00 63. 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ent (see instruc	tions)			0 0	
44.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Docom	har 21 of the	cost roport	ing pariod (Saa	0	64. 00
64. 00	instructions)(title XVIII only)						
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts after Decembe	r 31 of the c	ost reportin	g period (See	0	
66. 00	Total Medicare swing-bed SNF inpatient routil CAH (see instructions)	ne costs (line 6	4 plus line 6	5)(title XVI	II only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	e costs through I	December 31 o	f the cost r	eporting period	0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after De	cember 31 of	the cost rep	orting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient	•				0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facil)		70. 00
71.00	Adjusted general inpatient routine service co	ost per diem (li			•		71. 00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)	,	(line 14 x li	ne 35)			72. 00 73. 00
74. 00	Total Program general inpatient routine serv	ice costs (line	72 + line 73)	•			74. 00
75. 00	Capital-related cost allocated to inpatient 26, line 45)	routine service (costs (from W	orksheet B,	Part II, column		75. 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line	,					76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minus						78. 00
79. 00	Aggregate charges to beneficiaries for excess				l: 70)		79.00
80. 00 81. 00	Total Program routine service costs for compa Inpatient routine service cost per diem limi		sı ilmitation	(iine /8 Mi	nus iine 79)		80. 00 81. 00
82. 00	Inpatient routine service cost limitation (I	ine 9 x line 81)	`				82. 00
83. 00 84. 00	Reasonable inpatient routine service costs (Program inpatient ancillary services (see in:)				83. 00 84. 00
85. 00	Utilization review - physician compensation	(see instructions					85. 00
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ough 85)				86. 00
87. 00	Total observation bed days (see instructions))				0	
88. 00 89. 00	Adjusted general inpatient routine cost per observation bed cost (line 87 x line 88) (see		line 2)				88. 00 89. 00
57.00	Toposi vation bea cost (Time of X Time oo) (Set	o manuchona)				1	1 07.00

Health Financial Systems	ST. CATHERIN	E HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Peri od:	Worksheet D-1	
		Component (From 07/01/2019 To 06/30/2020		pared:
					11/25/2020 10	:13 am
		Title	XVIII	Subprovi der -	PPS	
				I PF		
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	146, 851	3, 651, 419	0. 04021	8 0	0	90.00
91.00 Nursing School cost	0	3, 651, 419	0. 00000	0	0	91.00
92.00 Allied health cost	0	3, 651, 419	0.00000	0	0	92.00
93.00 All other Medical Education	0	3, 651, 419	0. 00000	0	0	93. 00

Health Financial Systems	ST. CATHERINE HOSPI	TAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Prov	vider CCN: 15-0008		Worksheet D-1
	Comp	ponent CCN: 15-T008	From 07/01/2019 To 06/30/2020	Date/Time Prepared: 11/25/2020 10:13 am
		Title XVIII	Subprovi der -	PPS
			LDE	

		II the XVIII	I RF	FF3	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			5, 623	
2.00	Inpatient days (including private room days, excluding swing-			5, 623	
3. 00	Private room days (excluding swing-bed and observation bed day do not complete this line.	/s). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		5, 623	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo		31 of the cost	0	5.00
4 00	reporting period	om dava) ofter December 3	11 of the cost	0	4 00
6. 00	Total swing-bed SNF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	om days) after becember 3	or the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00
	reporting period				
8. 00	Total swing-bed NF type inpatient days (including private roor	n days) after December 31	of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	3, 654	9. 00
7. 00	newborn days) (see instructions)	the regram (exeruaring	oming zou and	0,00.	7. 00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10.00
11. 00	through December 31 of the cost reporting period (see instructions). Swing-bed SNF type inpatient days applicable to title XVIII or		om dave) after	o	11. 00
11.00	December 31 of the cost reporting period (if calendar year, en	nter 0 on this line)	Join days) arter	٥	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		room days)	0	12.00
40.00	through December 31 of the cost reporting period				40.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI) after December 31 of the cost reporting period (if calendar ye			0	13. 00
14. 00	Medically necessary private room days applicable to the Progra		, i	0	14. 00
15.00	Total nursery days (title V or XIX only)	, 3	,	0	15.00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	os through Docombor 21 of	the cost	0.00	17. 00
17.00	reporting period	es through becember 31 of	the cost	0.00	17.00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of t	he cost	0. 00	18. 00
10.00	reporting period	- +b	46	0.00	10.00
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 or	the cost	0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost	0. 00	20.00
	reporting period				
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ng poriod (line	5, 077, 915 0	21. 00 22. 00
22.00	5 x line 17)	er 31 of the cost reporti	ng perrod (Trie	٥	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	period (line 6	0	23.00
04.00	x line 18)	04 6 11			04.00
24. 00	Swing-bed cost applicable to NF type services through December 7×1 ine 19)	- 31 of the cost reportir	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)				
26. 00	Total swing-bed cost (see instructions)	(line 21 minus line 24)		0 5, 077, 915	
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Time 21 minus Time 26)		5,077,915	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	irges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi -private room charges (excluding swing-bed charges)	1		0	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 ÷ line 3)	Filne 28)		0. 000000 0. 00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34. 00	Average per diem private room charge differential (line 32 mir	nus line 33)(see instruct	i ons)	0.00	
35.00	Average per diem private room cost differential (line 34 x line 25)	ne 31)		0.00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	and nrivate room cost dif	ferential (line	0 5, 077, 915	36. 00 37. 00
37.00	27 minus line 36)	and private room cost urr	rorontial (Title	3, 077, 713	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU		1	200.21	20.00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			903. 06 3, 299, 781	
40. 00	Medically necessary private room cost applicable to the Progra			0	40. 00
	Total Program general inpatient routine service cost (line 39	•		3, 299, 781	
				·	

Heal th	Financial Systems	ST. CATHERINE	HOSPI TAL		In Lie	eu of Form CMS-	<u> 2552-10</u>
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der Co		Period: From 07/01/2019		
			· ·	CCN: 15-T008	To 06/30/2020	Date/Time Pre 11/25/2020 10	
			Title	XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Total Inpatient Cost	Total npatient Days		Program Days	Program Cost (col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.	00 0	0	42. 00
43. 00	INTENSIVE CARE UNIT	0	0	0.	00 0	0	43. 00
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1.00	
48. 00	Program inpatient ancillary service cost (Wk			no)		2, 266, 156	1
49. 00	Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS	41 through 48)(S	ee instructio	ns)		5, 565, 937	49. 00
50.00	Pass through costs applicable to Program inp	atient routine s	ervices (from	Wkst. D, su	m of Parts I and	154, 966	50. 00
51. 00	Pass through costs applicable to Program inpand IV)	atient ancillary	services (fr	om Wkst. D,	sum of Parts II	57, 562	51.00
52.00	Total Program excludable cost (sum of lines					212, 528	1
53. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION		ated, non-phy	sician anest	hetist, and	5, 353, 409	53. 00
54.00	Program di scharges					0	
55.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1
57. 00	Difference between adjusted inpatient operat	ing cost and tar	get amount (I	ine 56 minus	line 53)	0	
58.00	Bonus payment (see instructions)					0.00	
59. 00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						
60. 00 61. 00							
61.00	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target						61.00
62. 00	amount (line 56), otherwise enter zero (see instructions) 2.00 Relief payment (see instructions)						
63. 00	Allowable Inpatient cost plus incentive payments	ent (see instruc	tions)			0	
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	ts through Decem	ber 31 of the	cost report	ing period (See	0	64. 00
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decembe	r 31 of the c	ost reportin	g period (See	0	65. 00
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 6	5)(title XVI	II only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 o	f the cost r	eporting period	0	67. 00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after De	cember 31 of	the cost rep	orting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient	•				0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facil)		70. 00
71. 00	Adjusted general inpatient routine service co	ost per diem (li		•	,		71. 00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)	,	(line 14 v li	ne 35)			72. 00 73. 00
74. 00	Total Program general inpatient routine serv		•				74. 00
75. 00	Capital-related cost allocated to inpatient 26, line 45)		costs (from W	orksheet B,	Part II, column		75. 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line	,					76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minus	,					78. 00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				nus line 79)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limit	tati on		(70 1111			81. 00
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (,					82. 00 83. 00
84. 00	Program inpatient ancillary services (see in:		7				84. 00
85.00	Utilization review - physician compensation	(see instruction					85. 00
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ougn 85)				86. 00
87. 00	Total observation bed days (see instructions))				0	
88. 00 89. 00	Adjusted general inpatient routine cost per observation bed cost (line 87 x line 88) (see		line 2)				88. 00 89. 00
	,					'	

Provider CCN: 15-008	Health Financial Systems	ST. CATHERIN	E HOSPI TAL		In Lie	u of Form CMS-2	2552-10
Component CCN: 15-T008 To	COMPUTATION OF INPATIENT OPERATING COST					Worksheet D-1	
Cost Center Description Cost Routine Cost Column 1 ÷ Column 2 Observation Bed Pass Column 2 Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Column 2 Observation Column 2 Observation Cost Column 2 Observation Cost Column 2 Observation Column 2 Observation Column 2 Observation Column 1 ÷ Column 2 Observation Column 1 ÷ Column 2 Observation Column 1 ÷ Column 2 Observation Column 1 ÷ Column 2 Observation Column 2 Observation Column 1 ÷ Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2 Observation Column 2			Component (
Cost Center Description Cost Routine Cost Column 1 ÷ Column 2 Observation Bed Pass Through Cost Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column 2 Column			Title	XVIII		PPS	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related cost Capital-related							
Bed Cost (from line 89) Col. 3 x col. 4) (see instructions)	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST Capital -related cost 238,449 5,077,915 0.046958 0 91.00 0 91.00 0 91.00			(from line 21)	column 2	Observati on	Bed Pass	
4 (see instructions) 1.00 2.00 3.00 4.00 5.00					Bed Cost (from	Through Cost	
1.00 2.00 3.00 4.00 5.00					line 89)	(col. 3 x col.	
1. 00 2. 00 3. 00 4. 00 5. 00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST						4) (see	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						instructions)	
90. 00 Capi tal -related cost 238, 449 5, 077, 915 0. 046958 0 90. 00 91. 00 Nursi ng School cost 0 5, 077, 915 0. 000000 0 91. 00		1. 00	2.00	3.00	4. 00	5. 00	
91.00 Nursing School cost 0 5,077,915 0.000000 0 91.00	COMPUTATION OF OBSERVATION BED PASS THROUGH C	OST					
	90.00 Capital-related cost	238, 449	5, 077, 915	0. 04695	8 0	0	90.00
	91.00 Nursing School cost	0	5, 077, 915	0.00000	0	0	91.00
92.00 Allied health cost 0 5,077,915 0.000000 0 92.00	92.00 Allied health cost	0	5, 077, 915	0.00000	0	0	92.00
93.00 All other Medical Education 0 5,077,915 0.000000 0 93.00	93.00 All other Medical Education	0	5, 077, 915	0.00000	0 0	0	93. 00

Health Financial Systems	ST. CATHERINE H	IOSPI TAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2019	Worksheet D-1 Date/Time Prepared:
			10 06/30/2020	11/25/2020 10:13 am
		Title XIX	Hospi tal	PPS

				11/25/2020 10	:13 am
	Cost Contor Description	Title XIX	Hospi tal	PPS	
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			29, 695	1. 00
2.00	Inpatient days (including private room days, excluding swing-b			29, 695	2. 00
3. 00	Private room days (excluding swing-bed and observation bed day	/s). If you have only pr	ivate room days,	0	3. 00
4. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	ad days)		24, 774	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	24,774	5.00
3.00	reporting period	on days) through becembe	1 31 01 the cost	U	3.00
6. 00	Total swing-bed SNF type inpatient days (including private roo	om davs) after December	31 of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)	,			
7.00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
	reporting period				
8. 00	Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line)	the Dreamen (evaluding	owing had and	2 242	9. 00
9.00	Total inpatient days including private room days applicable to newborn days) (see instructions)	the Program (excluding	swing-bed and	2, 342	9.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nlv (including private r	oom days)	0	10.00
	through December 31 of the cost reporting period (see instruct		,		
11.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, er				
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI)	only (including privat	e room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI)	/ only (including privat	o room days)	0	13. 00
13.00	after December 31 of the cost reporting period (if calendar ve			U	13.00
14. 00	Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)	(1 1 1 3 1 3 1 1		1, 064	
16.00	Nursery days (title V or XIX only)			222	16. 00
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0. 00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	os after December 21 of	the cost	0.00	18. 00
10.00	reporting period	0.00	10.00		
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
	reporting period	3			
20.00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20. 00
04 00	reporting period	`		07 070 050	04 00
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ing pariod (line	27, 370, 252 0	21. 00 22. 00
22.00	5 x line 17)	er 31 or the cost report	ing period (inte	U	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23. 00
	x line 18)	·			
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00
25 00	7 x line 19)	04 -£ +b++!			25 00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	or the cost reporting	period (iine 8	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)		27, 370, 252	27. 00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			, , , ,	
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	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)	nua lina 22) (asa inatrua	+: 000)	0. 00 0. 00	33.00
34. 00 35. 00					34. 00 35. 00
36. 00	, , , , , , , , , , , , , , , , , , ,				36.00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	0 27, 370, 252	37.00
37.00	27 minus line 36)	p	5. 6 (11110	2.,0,0,202	000
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
38. 00	Adjusted general inpatient routine service cost per diem (see	•		921. 71	
39. 00	Program general inpatient routine service cost (line 9 x line	•		2, 158, 645	39.00
40.00	Medically necessary private room cost applicable to the Progra Total Program general inpatient routine service cost (line 39			0 2, 158, 645	40.00
41.00	Tiotal Trogram general impatrent routine service cost (Time 39	T ITTE 40)	ı	2, 130, 045	41.00

Heal th	Financial Systems	ST. CATHERINE	HOSPITAI		In lie	eu of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST	31. OATHERINE	Provi der CC		Peri od:	Worksheet D-1	2332 10
					From 07/01/2019 Fo 06/30/2020		nared:
						11/25/2020 10:	
	0.10.1		Title		Hospi tal	PPS	
	Cost Center Description	Total Inpatient Costl	Total	Average Per	Program Days	Program Cost	
		ripatront oosti	inputitiont buys	col . 2)		4)	
		1.00	2.00	3. 00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	797, 120	1, 064	749. 1	7 222	166, 316	42. 00
43. 00	INTENSIVE CARE UNIT	5, 248, 131	2, 719	1, 930. 1	7 17	32, 813	43. 00
44. 00	CORONARY CARE UNIT						44. 00
45. 00	BURN INTENSIVE CARE UNIT						45. 00
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46. 00 47. 00
47.00	Cost Center Description						47.00
	I					1. 00	
48. 00 49. 00	Program inpatient ancillary service cost (Wk Total Program inpatient costs (sum of lines			ıs)		1, 120, 503 3, 478, 277	
50. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inp	atient routine	services (from	Wkst D sum	of Parts I and	91, 841	50. 00
			•				
51. 00	Pass through costs applicable to Program inp and IV)	atient andiliar	y services (fro	OM WKST. D, SL	um or Parts II	51, 966	51.00
52. 00 53. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		ated non phys	ician anosth	atist and	143, 807 3, 334, 470	•
33.00	medical education costs (line 49 minus line	9 1	rated, non-priys	si ci ali allestile	etrst, and	3, 334, 470	33.00
E 4 00	TARGET AMOUNT AND LIMIT COMPUTATION						
54. 00 55. 00	Program discharges Target amount per discharge					0.00	
56. 00	Target amount (line 54 x line 55)					0.00	56. 00
57. 00	Difference between adjusted inpatient operat	ing cost and ta	rget amount (li	ne 56 minus I	ine 53)	0	57. 00
58. 00	Bonus payment (see instructions)	norting ported	andina 1007 un	doted and con	anaundad by the	0 00	58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost re market basket	porting period	enarng 1996, up	dated and con	iipounded by the	0.00	59. 00
60.00	Lesser of lines 53/54 or 55 from prior year	0.00					
61. 00	1.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by						61. 00
	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)						
62. 00	52.00 Relief payment (see instructions)						62. 00 63. 00
63. 00							
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	cost reportir	ng period (See	0	64. 00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the co	nst renorting	neriod (See	0	65. 00
	instructions) (title XVIII only)			. 3			
66. 00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (Tine o	54 prus rine 65	o)(title xviii	oniy). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs through	December 31 of	the cost rep	porting period	0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after De	ecember 31 of t	he cost repor	rting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient					0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil					1	70. 00
71. 00	Adjusted general inpatient routine service c	-					71. 00
72. 00	Program routine service cost (line 9 x line						72. 00
73. 00 74. 00	Medically necessary private room cost applic Total Program general inpatient routine serv			ne 35)			73. 00 74. 00
75. 00	Capital-related cost allocated to inpatient			orksheet B, Pa	art II, column		75. 00
76. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00
77. 00	Program capital-related costs (line 9 x line						77. 00
78.00	Inpatient routine service cost (line 74 minu		and days as the				78.00
79. 00 80. 00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp				ıs line 70)		79. 00 80. 00
81. 00	1		Se i i i i i i i i i i i i i i i i i i i	(1110 70 111110	///		81.00
82. 00	Inpatient routine service cost limitation (I						82. 00
83. 00 84. 00	Reasonable inpatient routine service costs (5)				83.00
84. 00 85. 00	Program inpatient ancillary services (see in Utilization review - physician compensation		ns)				84. 00 85. 00
86. 00							86. 00
07.00	PART IV - COMPUTATION OF OBSERVATION BED PAS					4.001	07.00
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)			4, 921 921. 71	87. 00 88. 00
	Observation bed cost (line 87 x line 88) (se					4, 535, 735	
						·	

Health Financial Systems	ST. CATHERIN	E HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 07/01/2019 To 06/30/2020	Date/Time Pre 11/25/2020 10	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	1, 083, 128	27, 370, 252	0. 03957	3 4, 535, 735	179, 493	90.00
91.00 Nursing School cost	0	27, 370, 252	0.00000	4, 535, 735	0	91.00
92.00 Allied health cost	0	27, 370, 252	0.00000	4, 535, 735	0	92.00
93.00 All other Medical Education	0	27, 370, 252	0.00000	4, 535, 735	0	93.00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0008	Peri od: From 07/01/2019	Worksheet D-1
	Component CCN: 15-S008	To 06/30/2020	Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovi der -	PPS

		litie xix	I PF	PPS	
	Cost Center Description	<u> </u>			
	T			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	s excluding newborn)		3, 667	1. 00
2. 00	Inpatient days (including private room days, excluding swing-			3, 667	2. 00
3.00	Private room days (excluding swing-bed and observation bed day		ivate room days,	0	3. 00
	do not complete this line.				
4.00	Semi-private room days (excluding swing-bed and observation be		. 21 -6 +6	3, 667	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private roof reporting period	om days) through becembe	1 31 01 the cost	0	5. 00
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)	- '			
7.00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	n days) after December 2	1 of the cost	0	8. 00
8.00	reporting period (if calendar year, enter 0 on this line)	ii days) ai tei beceiibei 3	Tor the cost	O	8.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	278	9. 00
	newborn days) (see instructions)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instructions). Swing-bed SNF type inpatient days applicable to title XVIII or	ulv (including private r	oom days) after	0	11. 00
00	December 31 of the cost reporting period (if calendar year, er		days, arts.	· ·	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
12.00	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 after December 31 of the cost reporting period (if calendar years)			0	13. 00
14. 00	Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)		,	1, 064	
16. 00	Nursery days (title V or XIX only)			222	16. 00
47.00	SWING BED ADJUSTMENT		6.11	0.00	47.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 o	r the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20. 00
20.00	reporting period	s arter becember 31 or t	THE COST	0.00	20.00
21. 00	Total general inpatient routine service cost (see instructions			3, 651, 419	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22. 00
23. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	a period (line 6	0	23. 00
23.00	x line 18)	31 of the cost reportin	g perrou (Trile o	O	23.00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00
	7 x line 19)				05.00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	31 of the cost reporting	period (line 8	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)		3, 651, 419	27. 00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)		28. 00
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 -	: line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)	,		0.00	1
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	•
34. 00	Average per diem private room charge differential (line 32 mir	, ,	tions)	0.00	•
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	ne 31)		0.00	35. 00 36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	3, 651, 419	•
200	27 minus line 36)				000
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			005 75	20.00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			995. 75 276, 819	
40.00	Medically necessary private room cost applicable to the Progra			270, 819	
	Total Program general inpatient routine service cost (line 39			276, 819	
			•		

Heal th	Financial Systems	ST. CATHERINE	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
COMPUT	TATION OF INPATIENT OPERATING COST		Provi der C		Peri od: From 07/01/2019		
			Component	CCN: 15-S008	To 06/30/2020	Date/Time Pre 11/25/2020 10	
			Ti tl	e XIX	Subprovi der - I PF	PPS	
	Cost Center Description	Total Inpatient Costl	Total	Average Per	Program Days	Program Cost (col. 3 x col.	
		·		col . 2)		4)	
42. 00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4. 00 00	5. 00	42. 00
	Intensive Care Type Inpatient Hospital Units						
43. 00 44. 00	INTENSIVE CARE UNIT	0	0	0.	00	0	43. 00 44. 00
45.00	BURN INTENSIVE CARE UNIT						45. 00
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46. 00 47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			69, 706	48. 00
49. 00	Total Program inpatient costs (sum of lines a PASS THROUGH COST ADJUSTMENTS	41 through 48)(s	see instructio	ns)		346, 525	49. 00
50.00	Pass through costs applicable to Program inpa	atient routine s	services (from	Wkst. D, su	m of Parts I and	11, 134	50. 00
51. 00		atient ancillary	, services (fr	om Wkst. D.	sum of Parts II	2, 125	51.00
	and IV)	J	(1)				
52. 00 53. 00	Total Program excludable cost (sum of lines! Total Program inpatient operating cost exclud	,	ated, non-phy	sician anest	hetist, and	13, 259 333, 266	1
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION				·		
54. 00	Program di scharges					0	54. 00
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1
57. 00	Difference between adjusted inpatient operation	ng cost and tar	get amount (I	ine 56 minus	line 53)	0	
58. 00 59. 00		porting period e	andina 1996 u	indated and c	ompounded by the	0.00	
	market basket						
60. 00 61. 00							
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target						61.00
62. 00	amount (line 56), otherwise enter zero (see instructions) 2.00 Relief payment (see instructions)						
63. 00							
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	nber 31 of the	cost report	ing period (See	0	64. 00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decembe	er 31 of the c	ost reportin	g period (See	0	65. 00
44 00	instructions)(title XVIII only)			·		0	66. 00
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)		•		-		
67. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through	December 31 c	of the cost r	eporting period	0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after De	ecember 31 of	the cost rep	orting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XLX swing-bed NF inpatient	routine costs (I	ine 67 + line	68)		0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili)		70. 00
71. 00	Adjusted general inpatient routine service co	ost per diem (li		•)		71.00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)	•	(line 14 x li	ne 35)			72. 00 73. 00
74.00	Total Program general inpatient routine servi	ce costs (line	72 + line 73)	,			74. 00
75. 00	Capital-related cost allocated to inpatient (26, line 45)	routine service	costs (from W	orksheet B,	Part II, column		75. 00
76.00	Per diem capital-related costs (line 75 ÷ li	,					76. 00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus	•					77. 00 78. 00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				nus Lino 70)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limi	tati on		(11116 /0 1111	1103 TTHE /7)		81. 00
82. 00 83. 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (,					82. 00 83. 00
84.00	Program inpatient ancillary services (see in	structions)					84. 00
85. 00 86. 00	1 3						85. 00 86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST	<i>J</i> /				
87. 00 88. 00	Total observation bed days (see instructions) Adjusted general inpatient routine cost per of		line 2)				88. 00
89. 00	Observation bed cost (line 87 x line 88) (see	e instructions)				0	89. 00

Health Financial Systems	ST. CATHERIN	E HOSPITAL		In Lieu of Form CMS-2552		
COMPUTATION OF INPATIENT OPERATING COST				Peri od:	Worksheet D-1	
		Component (From 07/01/2019 To 06/30/2020	Date/Time Prep 11/25/2020 10:	
		Ti tl	e XIX	Subprovi der -	PPS	
Cook Cooks Door is the	0+	D+! C+	1 1	I PF	0	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH CO)ST					
90.00 Capital -related cost	146, 851	3, 651, 419	0. 04021	8 0	0	90.00
91.00 Nursing School cost	0	3, 651, 419	0.00000	0	0	91.00
92.00 Allied health cost	0	3, 651, 419	0.00000	0	0	92.00
93.00 All other Medical Education	0	3, 651, 419	0. 00000	0	0	93. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0008		Worksheet D-1
	Component CCN: 15-T008		Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovi der -	PPS

		Title XIX	Subprovi der - I RF	PPS	
	Cost Center Description		TRI		
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			5, 623	1. 00
2.00	Inpatient days (including private room days, excluding swing-l Private room days (excluding swing-bed and observation bed day		ivata room days	5, 623 0	2.00
3.00	do not complete this line.	ys). IT you have only pr	ivate room days,	U	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		5, 623	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	om days) arter becember	or or the cost	O	0.00
7.00	Total swing-bed NF type inpatient days (including private room	m days) through December	31 of the cost	0	7. 00
0.00	reporting period	m daya) aftar Dagambar 3	1 of the cost	0	8. 00
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	ii days) arter beceiliber 3	i or the cost	U	8.00
9.00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	87	9. 00
40.00	newborn days) (see instructions)				40.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII on through December 31 of the cost reporting period (see instruc-		oom days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, en	nter 0 on this line)			
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period	X only (including privat	e room days)	0	12. 00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI	X onlv (includina privat	e room davs)	0	13. 00
	after December 31 of the cost reporting period (if calendar ye	ear, enter O on this lin	e)		
14.00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	
15. 00 16. 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			1, 064 222	
10.00	SWING BED ADJUSTMENT			222	10.00
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
10.00	reporting period	 D 21 - -	46	0.00	10.00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0.00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
	reporting period				
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s after December 31 of t	he cost	0.00	20. 00
21. 00	Total general inpatient routine service cost (see instructions	s)		5, 077, 915	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22. 00
22 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	21 of the cost reportin	a ported (line 4	0	23. 00
23. 00	x line 18)	31 of the cost reportin	g perrou (Title 6	U	23.00
24. 00	Swing-bed cost applicable to NF type services through December	r 31 of the cost reporti	ng period (line	0	24. 00
25 00	7 x line 19)	21 -6			25 00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	31 of the cost reporting	period (line 8	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)		5, 077, 915	27. 00
28 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation had ch	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)	a and observation bed ch	ai ges)	0	
30.00	Semi -pri vate room charges (excluding swing-bed charges)			0	30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0. 000000	
32. 00 33. 00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	
34. 00	Average per diem private room charge differential (line 32 mi)	nus line 33)(see instruc	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x lin		,	0. 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 a 27 minus line 36)	and private room cost di	fferential (line	5, 077, 915	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see			903. 06	
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program			78, 566 0	39. 00 40. 00
	Total Program general inpatient routine service cost (line 39	,		78, 566	
	, J. J		ļ	. 2, 200	

Heal th	Financial Systems	ST. CATHERINE	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10	
COMPUT	TATION OF INPATIENT OPERATING COST		Provi der CO		Peri od: From 07/01/2019			
			Component (CCN: 15-T008	To 06/30/2020	Date/Time Pre 11/25/2020 10		
			Ti tl	e XIX	Subprovi der - I RF	PPS		
	Cost Center Description	Total Inpatient Costli	Total	Average Per Diem (col 1	Program Days	Program Cost (col. 3 x col.		
		·		col . 2)		4)		
42. 00	NURSERY (title V & XIX only)	1.00	2. 00	3.00	4. 00 00	5. 00	42. 00	
42.00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0	0	0	00 0) 0	12.00	
43. 00 44. 00	CORONARY CARE UNIT		0	0.	00	, 0	43. 00 44. 00	
45.00	BURN INTENSIVE CARE UNIT						45. 00	
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46. 00 47. 00	
	Cost Center Description					1. 00		
48. 00	Program inpatient ancillary service cost (Wk:	st. D-3, col. 3,	line 200)			51, 158	48. 00	
49. 00	Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS	41 through 48)(s	<u>ee instructio</u>	ns)		129, 724	49. 00	
50.00	Pass through costs applicable to Program inp	atient routine s	ervices (from	Wkst. D, su	m of Parts I and	3, 690	50. 00	
51. 00		atient ancillarv	services (fr	om Wkst. D.	sum of Parts II	1, 224	51.00	
	and IV)	,	(,				
52. 00 53. 00	Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclu		ated, non-phy	sician anest	hetist, and	4, 914 124, 810	1	
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	52)						
54. 00	Program discharges					0	54. 00	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1	
57. 00	Difference between adjusted inpatient operation	ing cost and tar	get amount (I	ine 56 minus	line 53)	0		
58. 00 59. 00		norting period e	ndina 1006 u	ndated and c	omnounded by the	0.00		
	2.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							
60. 00 61. 00								
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target						61.00	
62. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				0	62. 00	
63. 00	Allowable Inpatient cost plus incentive paymer PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instruc	tions)			0	63. 00	
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	ber 31 of the	cost report	ing period (See	0	64. 00	
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decembe	r 31 of the c	ost reportin	g period (See	0	65. 00	
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	4 nlus line 6	5)(title XVI	II only) For	0	66. 00	
	CAH (see instructions)		•		•			
67.00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	e costs through	December 31 o	f the cost r	eporting period	0	67. 00	
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after De	cember 31 of	the cost rep	orting period	0	68. 00	
69. 00	Total title V or XIX swing-bed NF inpatient					0	69. 00	
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facil)		70. 00	
71.00	Adjusted general inpatient routine service co	ost per diem (li			•		71. 00	
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)	,	(line 14 x li	ne 35)			72. 00 73. 00	
74.00	Total Program general inpatient routine serv			orkshoot B	Dort II column		74. 00 75. 00	
75. 00	Capital-related cost allocated to inpatient 26, line 45)	routine service	COSIS (ITOII W	orksneet B,	Part II, Column			
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line	,					76. 00 77. 00	
78. 00	Inpatient routine service cost (line 74 minus	s line 77)					78. 00	
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				nus line 79)		79. 00 80. 00	
81. 00	Inpatient routine service cost per diem limit	tati on		(81. 00	
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs ()				82. 00 83. 00	
84.00	Program inpatient ancillary services (see in	structions)					84. 00	
85. 00 86. 00	1 3						85. 00 86. 00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST	- '					
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)				88. 00	
89. 00	Observation bed cost (line 87 x line 88) (see	e instructions)				0	89. 00	

Health Financial Systems	ST. CATHERIN	IE HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Period: From 07/01/2019	Worksheet D-1	
С		Component (Component CCN: 15-T008		Date/Time Prep 11/25/2020 10:	pared: :13 am_
		Ti tl	e XIX	Subprovi der -	PPS	
				I RF		
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
				,	(see	
					instructions)	
	1. 00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH O	COST					
90.00 Capital -related cost	238, 449	5, 077, 915	0. 04695	8 0	0	90.00
91.00 Nursing School cost	0	5, 077, 915	0.00000	0	ol	91.00
92.00 Allied health cost	0	5, 077, 915	0.00000	0	ol	92.00
93.00 All other Medical Education	0	5, 077, 915	0. 00000	0 0	0	93. 00

Health Financial Systems	ST. CATHERINE	HOSPI TAL	In Lie	u of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Peri od:	Worksheet D_3

Heal th Finar	ncial Systems ST. CATHERINE I	HOSPI TAL		In Lie	u of Form CMS-	2552-10
INPATIENT A	NCILLARY SERVICE COST APPORTIONMENT	Provi der C		Peri od:	Worksheet D-3	
				From 07/01/2019		
				To 06/30/2020		
		Ti tl e	e XVIII	Hospi tal	11/25/2020 10 PPS	. IS alli
	Cost Center Description	11116	Ratio of Cos		Inpati ent	
	oost center bescriptron		To Charges	Program	Program Costs	
			l ro onal goo	Charges	(col. 1 x col.	
				3	2)	
			1.00	2. 00	3. 00	
I NPAT	TENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			14, 081, 808		30.00
31.00 03100	INTENSIVE CARE UNIT			2, 361, 370		31.00
40.00 04000	SUBPROVI DER - I PF			0		40.00
41.00 04100	SUBPROVI DER - I RF			0		41. 00
	NURSERY					43. 00
	LARY SERVICE COST CENTERS					
	OPERATING ROOM		0. 24845		962, 685	1
	RECOVERY ROOM		0. 25189	· ·	57, 172	1
	DELIVERY ROOM & LABOR ROOM		0. 41435	•	5, 648	1
	ANESTHESI OLOGY		0. 07947	•	42, 205	
	RADI OLOGY-DI AGNOSTI C		0. 19799		386, 383	
	ULTRASOUND		0. 13555		40, 148	
	AUDI OLOGY		0.00000		0	54. 02
	RADI OI SOTOPE		0. 16211	•	137, 514	56. 00
	CT SCAN		0. 05799		168, 798	1
	CARDI AC CATHETERI ZATI ON		0. 13158		642, 780	1
	LABORATORY		0. 13101		897, 775	1
	WHOLE BLOOD & PACKED RED BLOOD CELL		0. 34686	•	175, 529	
	BLOOD CLOTTING FOR HEMOPHILIACS		0.00000		0	62. 30
	NONI NVASI VE LAB		0. 10567		212, 368	
	RESPIRATORY THERAPY		0. 22442		610, 164	65. 00
	PHYSI CAL THERAPY		0. 38730	· ·	359, 360	1
	OCCUPATIONAL THERAPY		0. 33178		185, 852	
	SPEECH PATHOLOGY ELECTROENCEPHALOGRAPHY		0. 48375		81, 074	1
	MEDICAL SUPPLIES CHARGED TO PATIENT		0. 11889 0. 42051		15, 522 851, 496	1
	MPL. DEV. CHARGED TO PATTENTS		0. 42031		667, 865	1
	DRUGS CHARGED TO PATIENTS		0. 47142		1, 395, 430	
	RENAL DIALYSIS		0. 17330			1
	ONCOLOGY		0. 27304		0 333, 343	75. 01
	CARDI AC REHABI LI TATI ON		1. 46138		80, 261	
	HYPERBARI C OXYGEN THERAPY		0. 00000	•	00, 201	ı
	LI THOTRI PSY		0. 00000		0	1
	TIENT SERVICE COST CENTERS		0.00000	0	0	70.77
	CLINIC		1. 33884	4 0	0	90.00
	OP PSYCH		0. 45181		1, 050	1
	EMERGENCY		0. 10959	•	477, 666	1
	OBSERVATION BEDS (NON-DISTINCT PART		0. 36059		375, 937	
200. 00	Total (sum of lines 50 through 94 and 96 through 98)			47, 565, 752	9, 164, 077	1
201. 00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)	1	0		201. 00
202.00	Net charges (line 200 minus line 201)	. ,		47, 565, 752		202. 00
				· ·		-

111 #1	Singuish Contra	T. CATHEDINE HOCDITAL		1 1:-	6 Farm ONG	2552 40
	Financial Systems S ENT ANCILLARY SERVICE COST APPORTIONMENT	T. CATHERINE HOSPITAL Provider Component	CN: 15-0008 CCN: 15-S008	Period: From 07/01/2019 To 06/30/2020		pared:
		Ti tl ∈	e XVIII	Subprovi der - I PF	PPS	
	Cost Center Description		Ratio of Cos To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	INDATIONE DOUTING CODY CONTEDS		1.00	2. 00	3. 00	
30. 00 31. 00 40. 00 41. 00 43. 00	03100 INTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY			5, 844, 392		30. 00 31. 00 40. 00 41. 00 43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM		0. 2484!	53 45, 778	11, 374	50.00
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM		0. 2518° 0. 4143!	98 36, 904		1
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C		0. 0794 0. 1979	96 42, 132	8, 342	54.00
54. 01 54. 02 56. 00	05401 ULTRASOUND 03040 AUDI OLOGY 05600 RADI OI SOTOPE		0. 13555 0. 00000 0. 1621	00	0	54. 01 54. 02 56. 00
57. 00 59. 00	05700 CT SCAN 05900 CARDI AC CATHETERI ZATI ON		0. 05799 0. 13158	78, 223	4, 536	1
60. 00 62. 00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0. 1310° 0. 34686	4, 566	1, 584	62. 00
62. 30 63. 02 65. 00	06250 BLOOD CLOTTING FOR HEMOPHILIACS 06301 NONINVASIVE LAB 06500 RESPIRATORY THERAPY		0. 00000 0. 1056 0. 22442	73 45, 496		
66. 00 67. 00	1		0. 22442 0. 38730 0. 33178	108, 250	41, 926	66. 00
68. 00 70. 00	1		0. 4837! 0. 1188	55 4, 533	2, 193	1
71. 00 72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 4205° 0. 47142	22 2, 111	995	71. 00 72. 00
73. 00 74. 00	07400 RENAL DI ALYSI S		0. 17350 0. 27500	97 58, 717	16, 153	74. 00
75. 01 76. 97 76. 98	03480 ONCOLOGY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY		0. 35363 1. 46138 0. 00000	B1 C	0 0	75. 01 76. 97 76. 98
74.00			0.00000			76. 70

0.000000

1. 338844

0.451814

0. 109591

0. 360598

209, 832

2, 071, 713

2, 071, 713

90.00

91.00

92.00 0

201.00

202. 00

0 76. 99

0

0 90.01

377, 890 200. 00

22, 996

76. 99

90.00

90.01

200.00

201.00

202.00

07699 LI THOTRI PSY

09000 CLI NI C

91. 00 09100 EMERGENCY

09001 OP PSYCH

OUTPATIENT SERVICE COST CENTERS

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net charges (line 200 minus line 201)

Health Financial Systems S	T. CATHERINE HOSPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C		Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	
	·			11/25/2020 10	: 13 am
	Ti tl e	e XVIII	Subprovi der - I RF	PPS	
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS			0		30.00
31.00 03100 INTENSIVE CARE UNIT			0		31.00
40. 00 04000 SUBPROVI DER - 1 PF			0		40. 00
41. 00 04100 SUBPROVI DER - I RF			4, 540, 923		41. 00
43. 00 04300 NURSERY					43. 00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATI NG ROOM		0. 24845		29, 498	
51. 00 05100 RECOVERY ROOM		0. 25189		1, 310	
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 41435		0	52.00
53. 00 05300 ANESTHESI OLOGY		0. 07947		1, 442	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 05401 ULTRASOUND		0. 19799 0. 13555		16, 302 1, 299	
54. 02 03040 AUDI OLOGY		0. 13555		1, 299	1
54. 02 03040 A0DI 0L0GY 56. 00 05600 RADI 0I SOTOPE		0. 16211		2, 391	
57. 00 05700 CT SCAN		0. 16211		4, 788	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 03749		4, 788	1
60. 00 06000 LABORATORY		0. 13101		•	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0. 34686		17, 439	
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS		0.00000		17, 437	1
63. 02 06301 NONI NVASI VE LAB		0. 10567		-	63. 02
(F. CO. OKEON DATORY THERAPY		0.70007		70,040	

356, 201

1, 842, 444

1, 763, 686

277, 356

265, 686

503, 640

0

0

0

0

0

1, 822, 534

8, 071, 476

8, 071, 476

4, 421

0. 224423

0.387307

0.331787

0.483755

0.118895

0.420518

0.471422

0.173500

0.275097

0.353632

1.461381

0.000000

0.000000

1.338844

0.451814

0.109591

0. 360598

79, 940

713, 591

585, 168

134, 172

111, 726

316, 210

138, 550

0 75.01

0 76. 98

0 76. 99

0

0 92.00

2, 266, 156 200. 00

2, 084

66.00

67.00

68.00

70.00

71.00

72.00

73.00

74.00

76.97 0

90.00

90.01

91.00

201.00

202. 00

65.00

66.00

67.00

68.00

70.00

71.00

72.00

73.00

74.00

75. 01

76. 97

76. 98

76. 99

90.00

90.01

200.00

201.00

202.00

06500 RESPIRATORY THERAPY

06700 OCCUPATI ONAL THERAPY

07000 ELECTROENCEPHALOGRAPHY

07697 CARDIAC REHABILITATION

07300 DRUGS CHARGED TO PATIENTS

07698 HYPERBARI C OXYGEN THERAPY

OUTPATIENT SERVICE COST CENTERS

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Net charges (line 200 minus line 201)

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

07100 MEDICAL SUPPLIES CHARGED TO PATIENT

07200 I MPL. DEV. CHARGED TO PATIENTS

06600 PHYSI CAL THERAPY

06800 SPEECH PATHOLOGY

07400 RENAL DIALYSIS

03480 ONCOLOGY

09000 CLI NI C

91. 00 09100 EMERGENCY

09001 OP PSYCH

07699 LI THOTRI PSY

Health Financial Systems	ST. CATHERINE HOSPITAL		In Lieu of Form CMS-2552-10
LAIDATI FAIT ANGLE LADV CEDVI OF COCT ADDODT CAMENT	D ' 1	00N 4E 0000 D 1 1	W 1 1 1 D 0

Health Financial Systems ST. CATHER	NE HOSPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CC		Peri od:	Worksheet D-3	
			From 07/01/2019	D 1 (T' D	
			To 06/30/2020	Date/Time Pre 11/25/2020 10	
	Title	e XIX	Hospi tal	PPS	. 10 am
Cost Center Description		Ratio of Cost		I npati ent	
		To Charges	Program	Program Costs	
		ŭ	Charges	(col. 1 x col.	
			, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			2, 248, 678		30. 00
31.00 03100 INTENSIVE CARE UNIT			372, 209		31. 00
40. 00 04000 SUBPROVI DER - I PF			0		40. 00
41. 00 04100 SUBPROVI DER - I RF			0		41. 00
43. 00 04300 NURSERY			345, 190		43. 00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 24845		144, 343	1
51. 00 05100 RECOVERY ROOM		0. 25189	· ·	15, 159	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 41435		113, 425	1
53. 00 05300 ANESTHESI OLOGY		0. 07947		11, 193	1
54. 00 05400 RADI OLOGY - DI AGNOSTI C		0. 19799	·	44, 452	1
54. 01 05401 ULTRASOUND		0. 13555		7, 911	54. 01
54. 02 03040 AUDI OLOGY		0.00000		0	54. 02
56. 00 05600 RADI OI SOTOPE		0. 16211		3, 904	56. 00
57. 00 05700 CT SCAN		0.05799		16, 279	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 13158	· ·	50, 199	•
60. 00 06000 LABORATORY		0. 13101		133, 311	60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS		0. 34686		7, 754	62. 00 62. 30
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 63. 02 06301 NONI NVASI VE LAB		0. 00000 0. 10567		0 14, 270	1
65. 00 06500 RESPI RATORY THERAPY		0. 10367		54, 320	1
66. 00 06600 PHYSI CAL THERAPY			· ·	35, 235	•
67. 00 06700 OCCUPATI ONAL THERAPY		0. 38730 0. 33178		19, 025	1
68. 00 06800 SPEECH PATHOLOGY		0. 33176		30, 700	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 48373	·	1, 819	•
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 42051		1, 817	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 47142		21, 940	1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 17350		202, 475	
74. 00 07400 RENAL DI ALYSI S		0. 27509		37, 105	
75. 01 03480 ONCOLOGY		0. 35363	· ·	0	75. 01
76. 97 07697 CARDI AC REHABI LI TATI ON		1. 46138		8, 856	1
76. 98 O7698 HYPERBARI C OXYGEN THERAPY		0. 00000		0, 000	76. 98
76. 99 07699 LI THOTRI PSY		0. 00000		0	1
OUTPATIENT SERVICE COST CENTERS		0.0000	<u> </u>		70.77
90. 00 09000 CLI NI C		1. 33884	4 0	0	90. 00
90. 01 09001 OP PSYCH		0. 45181		0	90. 01
91. 00 09100 EMERGENCY		0. 10959		39, 553	1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 36059	· ·	0	
200.00 Total (sum of lines 50 through 94 and 96 through 98)		5, 639, 453	1, 120, 503	
201.00 Less PBP Clinic Laboratory Services-Program only ch			0		201.00
202.00 Net charges (line 200 minus line 201)	- '		5, 639, 453		202. 00
	'				

	ST. CATHERINE HOSPITAL			u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN:		Period: From 07/01/2019	Worksheet D-3	
	Component CCI		To 06/30/2020	Date/Time Prep 11/25/2020 10	
	Title	XIX	Subprovi der – I PF	PPS	
Cost Center Description		atio of Cost		I npati ent	
		To Charges		Program Costs	
			Charges	(col. 1 x col.	
			0.00	2)	
LABATI FAIT DOUTLAGE CERVA OF COOT OFFITERS		1. 00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					30. 00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT			0		30.00
40. 00 04000 SUBPROVI DER - PF			945, 064		40.00
41. 00 04100 SUBPROVI DER - 1 PF			945, 004		40.00
43. 00 04300 NURSERY			0		43.00
ANCI LLARY SERVI CE COST CENTERS					43.00
50. 00 05000 OPERATING ROOM		0. 24845	3 0	0	50. 00
51. 00 05100 RECOVERY ROOM		0. 25189		0	51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 41435		0	52. 00
53. 00 05300 ANESTHESI OLOGY		0. 07947		0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 19799	6 5, 827	1, 154	54.00
54. 01 05401 ULTRASOUND		0. 13555	8 688	93	54. 01
54. 02 03040 AUDI OLOGY		0.00000	0	0	54.02
56. 00 05600 RADI 01 SOTOPE		0. 16211	0 0	0	56.00
57. 00 05700 CT SCAN		0.05799		555	57.00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 13158		221	59. 00
60. 00 06000 LABORATORY		0. 13101	· ·	9, 676	60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0. 34686		0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS		0.00000		0	62. 30
63. 02 06301 NONI NVASI VE LAB		0. 10567		1, 346	63. 02
65. 00 06500 RESPI RATORY THERAPY		0. 22442		2, 170	65. 00
66. 00 06600 PHYSI CAL THERAPY		0. 38730		8, 425	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 33178		5, 634	
68. 00 06800 SPEECH PATHOLOGY		0. 48375		625	68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 11889		1 702	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 42051 0. 47142		1, 783 0	71. 00 72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 47142.		27, 433	
73. 00 07300 DENAL DIALYSIS		0. 17350			74.00

0.275097

0. 353632

1.461381

0.000000

0.000000

1. 338844

0.451814

0.109591

0. 360598

9, 735

1, 106

58, 690

385, 935

385, 935

0

0

2, 678

1, 481

6, 432

0

0

0 76.99

0

69, 706 200. 00

74.00

75. 01

0 76. 97

76. 98

90.00

90.01

91.00

92.00

201.00

202. 00

74.00 07400 RENAL DIALYSIS

03480 ONCOLOGY

09000 CLI NI C

91. 00 09100 EMERGENCY

09001 OP PSYCH

07699 LI THOTRI PSY

07697 CARDIAC REHABILITATION

07698 HYPERBARI C OXYGEN THERAPY

OUTPATIENT SERVICE COST CENTERS

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Net charges (line 200 minus line 201)

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

75. 01

76. 97

76. 98

76. 99

90.00

90.01

200. 00 201. 00

202.00

Heal th	Financial Systems	ST. CATHERINE HOSP	ΙΤΔΙ		In lie	u of Form CMS-2	2552-10
	ENT ANCILLARY SERVICE COST APPORTIONMENT	Pro	ovider C		Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	pared:
			Ti tl	e XIX	Subprovi der - I RF	PPS	<u>. 13 aiii</u>
	Cost Center Description			Ratio of Cos To Charges	Program	Inpatient Program Costs (col. 1 x col. 2)	
	INPATIENT ROUTINE SERVICE COST CENTERS			1.00	2. 00	3. 00	
31. 00 40. 00 41. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY				0 0 0 110, 043 0		30.00 31.00 40.00 41.00 43.00
	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05100 RECOVERY ROOM			0. 24845 0. 25189		0	
53. 00 54. 00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRASOUND			0. 41435 0. 07947 0. 19799 0. 13555	2 755 6 669	132	54.00

0.000000

0.162110

0.057994

0.131583

0.131015

0.346864

0.000000

0.105673

0. 224423

0.387307

0.331787

0.483755

0.118895

0.420518

0.471422

0.173500

0.275097

0.353632

1.461381

0.000000

0.000000

1.338844

0.451814

0.109591

0. 360598

0 54.02

0 56.00

57.00

59.00

60.00

62.00

62.30

63.02

65.00

66.00

67.00

68.00

70.00

71.00

72.00

73.00

74.00

76.97

90.00

90.01

91.00

92.00

201. 00

202. 00

83

670

0

35

427

16, 987

13, 920

2, 428

1,871

7, 825

4, 501

0 75.01

0

0 76. 98

0 76.99

0

Ω

51, 158 200. 00

995

1, 185

0

1, 424

5, 093

9,047

331

1, 904

43, 858

41, 955

5, 020

4, 450

2, 111

45, 098

16, 360

0

0

0

0

0

0

178, 360

178, 360

54.02

57.00

59 00

60.00

62.00

62.30

63.02

65.00

66.00

67.00

68.00

70.00

71.00

72.00

73.00

74.00

75. 01

76.97

76. 98

76. 99

90.00

90.01

91.00

200.00

201.00

202.00

03040 AUDI OLOGY

05700 CT SCAN

05600 RADI OI SOTOPE

06000 LABORATORY

06301 NONI NVASI VE LAB

06600 PHYSI CAL THERAPY

06800 SPEECH PATHOLOGY

07400 RENAL DIALYSIS

03480 ONCOLOGY

09000 CLI NI C

09001 OP PSYCH

09100 EMERGENCY

07699 LI THOTRI PSY

06500 RESPIRATORY THERAPY

06700 OCCUPATI ONAL THERAPY

07000 ELECTROENCEPHALOGRAPHY

07697 CARDIAC REHABILITATION

07300 DRUGS CHARGED TO PATIENTS

07698 HYPERBARIC OXYGEN THERAPY

OUTPATIENT SERVICE COST CENTERS

92.00 |09200 | OBSERVATION BEDS (NON-DISTINCT PART

Net charges (line 200 minus line 201)

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

05900 CARDIAC CATHETERIZATION

06200 WHOLE BLOOD & PACKED RED BLOOD CELL

07100 MEDICAL SUPPLIES CHARGED TO PATIENT

07200 IMPL. DEV. CHARGED TO PATIENTS

06250 BLOOD CLOTTING FOR HEMOPHILIACS

Health Financial Systems	ST. CATHERINE	HOSPI TAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 10:13 am

			10 00/30/2020	11/25/2020 10:	
		Title XVIII	Hospi tal	PPS	
				1 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1. 00	
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1. 01	DRG amounts other than outlier payments for discharges occurring pri	or to October 1 (see	3, 941, 427	1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on	or after October	1 (see	11, 049, 691	1. 02
1. 03	instructions) DRG for federal specific operating payment for Model 4 BPCI for disc	charges occurring	orior to October	0	1. 03
1. 04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI for disc	charges occurring	on or after	0	1. 04
2. 00	October 1 (see instructions) Outlier payments for discharges. (see instructions)	<i>y</i>			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 in	nstructions)		8, 659	2. 03
2.04	Outlier payments for discharges occurring on or after October 1 (see	· ·		78, 940	2. 04
3.00	Managed Care Simulated Payments	,		0	3. 00
4.00	Bed days available divided by number of days in the cost reporting p	period (see instru	ctions)	133. 48	4. 00
5. 00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most recer			0. 00	5. 00
	or before 12/31/1996. (see instructions)		ŭ		
6. 00	FTE count for allopathic and osteopathic programs that meet the crit new programs in accordance with 42 CFR 413.79(e)		·	0. 00	6. 00
7. 00 7. 01	MMA Section 422 reduction amount to the IME cap as specified under 4 ACA § 5503 reduction amount to the IME cap as specified under 42 CFF			0. 00 0. 00	7. 00 7. 01
	cost report straddles July 1, 2011 then see instructions.				
8. 00	Adjustment (increase or decrease) to the FTE count for allopathic ar affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2			0. 00	8. 00
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots und	der § 5503 of the	ACA. If the cost	0. 00	8. 01
8. 02	report straddles July 1, 2011, see instructions. The amount of increase if the hospital was awarded FTE cap slots from	om a closed teachi	ng hospital	0. 00	8. 02
9. 00	lunder § 5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8,	8, 01 and 8, 02) (see	0. 00	9. 00
10. 00	<pre>instructions) FTE count for allopathic and osteopathic programs in the current yea</pre>	ar from your recor	ds	0. 00	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)			0. 00	
13.00	Total allowable FTE count for the prior year.			0. 00	
14. 00	Total allowable FTE count for the penultimate year if that year enderotherwise enter zero.	ed on or after Sep	tember 30, 1997,	0. 00	14. 00
15. 00	Sum of lines 12 through 14 divided by 3.			0. 00	15. 00
16. 00	Adjustment for residents in initial years of the program				16. 00
17. 00	Adjustment for residents displaced by program or hospital closure				17. 00
18. 00	Adjusted rolling average FTE count			0.00	18. 00
19. 00	Current year resident to bed ratio (line 18 divided by line 4).			0. 000000	
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21. 00
22.00	IME payment adjustment (see instructions)			0	22. 00
22. 01				0	22. 01
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of th Number of additional allopathic and osteopathic IME FTE resident cap		R 412. 105	0.00	23. 00
24. 00	<pre>(f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)</pre>			0.00	24. 00
25. 00	If the amount on line 24 is greater than -0-, then enter the lower of	of line 23 or line	24 (see	0. 00	
	instructions)		,		
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 29. 01	Total IME payment (sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29. 00 29. 01
Z7. UI	Disproportionate Share Adjustment			0	27.01
30. 00	Percentage of SSI recipient patient days to Medicare Part A patient	days (see instruc	tions)	12. 12	30.00
31. 00	Percentage of Medicaid patient days (see instructions)	(000 1110t1 do		41. 13	•
32. 00	Sum of lines 30 and 31			53. 25	
33. 00	Allowable disproportionate share percentage (see instructions)				33.00
	Disproportionate share adjustment (see instructions)			1, 242, 389	
					•

	Financial Systems ST. CATHER ATION OF REIMBURSEMENT SETTLEMENT	Drovi don CON: 15,0009		eu of Form CMS-2 Worksheet E	2552-1
JALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Part A Date/Time Pre	
		Title XVIII	Hospi tal	11/25/2020 10 PPS	: 13 ar
		II the Aviii		On/After 10/1	
			1. 00	2. 00	
NF 00	Uncompensated Care Adjustment		0 070 070 447	0 250 500 007	1 25 0
35. 00 35. 01	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		0. 000277445	8, 350, 599, 096 0. 000198454	35. 0 35. 0
35. 02	Hospital uncompensated care payment (If line 34 is zero, instructions)	enter zero on this line) (se			
5. 03 6. 00	Pro rata share of the hospital uncompensated care payment Total uncompensated care (sum of columns 1 and 2 on line		578, 533 1, 819, 178		35. 0 36. 0
	Additional payment for high percentage of ESRD beneficiary				
10.00	Total Medicare discharges on Worksheet S-3, Part I exclud 652, 682, 683, 684 and 685 (see instructions)	ing discharges for MS-DRGs	2, 266		40.0
	1032, 002, 003, 004 and 003 (See This true trons)		Before 1/1	On/After 1/1	
			1. 00	1. 01	
ł1. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 68 instructions)	2, 683, 684 an 685. (see	238	0	41.0
11. 01	Total ESRD Medicare covered and paid discharges excluding an 685. (see instructions)	MS-DRGs 652, 682, 683, 684	238	0	41. 0
12. 00	Divide line 41 by line 40 (if less than 10%, you do not q	ualify for adjustment)	10. 50		42.0
13. 00	Total Medicare ESRD inpatient days excluding MS-DRGs 652 instructions)	•	1, 391		43. 0
14. 00	Ratio of average length of stay to one week (line 43 dividays)	3	0. 834934		44. C
5. 00	Average weekly cost for dialysis treatments (see instruct Total additional payment (line 45 times line 44 times lin	•	447. 81 88, 986	447. 81	45. 0 46. 0
7. 00	Subtotal (see instructions)	41.01)	18, 229, 270		47. 0
18. 00	Hospital specific payments (to be completed by SCH and MD	H, small rural hospitals	0		48. C
	only. (see instructions)			Amount	
				1. 00	
19.00	Total payment for inpatient operating costs (see instruct			18, 229, 270	
50. 00 51. 00	Payment for inpatient program capital (from Wkst. L, Pt. Exception payment for inpatient program capital (Wkst. L,			1, 329, 738	50. 0 51. 0
52. 00	Direct graduate medical education payment (from Wkst. E-4			Ö	52.0
3. 00	Nursing and Allied Health Managed Care payment			0	53. (
4. 00	Special add-on payments for new technologies Islet isolation add-on payment			0	54. (54. (
5. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, li	ne 69)			55. (
6. 00	Cost of physicians' services in a teaching hospital (see			o	56. 0
0.00	Routine service other pass through costs (from Wkst. D. P			_	
7. 00	, , , , , , , , , , , , , , , , , , , ,	t. III, column 9, lines 30 t	hrough 35).	0	
7. 00 8. 00	Ancillary service other pass through costs from Wkst. D,	t. III, column 9, lines 30 t	hrough 35).	0	58.0
7. 00 8. 00 9. 00	, , , , , , , , , , , , , , , , , , , ,	t. III, column 9, lines 30 t	hrough 35).	0	58. (59. (
7. 00 8. 00 9. 00 0. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58)	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200)	hrough 35).	0 0 19, 559, 008	58. (59. (60. (61. (
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200)	hrough 35).	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956	58. (59. (60. (61. (62. (
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 3. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200)	hrough 35).	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231	58. (59. (60. (61. (62. (63. (
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200)	hrough 35).	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318	58. (59. (60. (61. (62. (63. (64. (
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60)	hrough 35).	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231	58. (59. (60. (61. (62. (63. (64. (65. (
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63)	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60)	ğ ,	0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178	58. 59. 60. 61. 62. 63. 64. 65. 66.
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s	ee instructions)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178	58. (59. (60. (61. (62. (63. (64. (65. (67. (68. (
7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s	ee instructions)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0	58. (59. (60. (61. (62. (63. (64. (65. (66. (68. (69. (
7. 00 8. 00 9. 00 0. 00 11. 00 2. 00 3. 00 4. 00 6. 00 7. 00 8. 00 9. 00	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s 96).(For SCH see instruction	ee instructions) s)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178	58. (59. (60. (61. (62. (63. (64. (65. (67. (68. (69. (70. (
57. 00 58. 00 59. 00 50. 00 51. 00 52. 00 53. 00 54. 00 55. 00 66. 00 67. 00 68. 00 70. 00 70. 50 70. 87	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Dem	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s 96). (For SCH see instruction onstration) adjustment (see ion	ee instructions) s)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0 0	58. (65. (66. (65. (66. (67. (67. (67. (67. (67. (67. (67
57. 00 58. 00 59. 00 50. 00 51. 00 52. 00 53. 00 54. 00 55. 00 56. 00 56. 00 57. 00 58. 00 70. 50 70. 87 70. 88	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Dem Demonstration payment adjustment amount before sequestrat SCH or MDH volume decrease adjustment (contractor use onl	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s 96). (For SCH see instruction constration) adjustment (see ion y)	ee instructions) s)	0 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0 0	58. (65. (64. (65. (65. (67. (67. (67. (67. (67. (67. (67. (67
57. 00 58. 00 59. 00 60. 00 61. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 70. 87 70. 88 70. 89	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Dem Demonstration payment adjustment (contractor use onl Pioneer ACO demonstration payment adjustment amount (see	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s 96). (For SCH see instruction constration) adjustment (see ion y) instructions)	ee instructions) s)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0 0	58. 0 59. 0 60. 0 61. 0 62. 0 63. 0 64. 0 65. 0 67. 0 68. 0 70. 0 70. 0 70. 8 70. 8
57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 50 70. 87 70. 88 70. 90 70. 91	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Dem Demonstration payment adjustment amount before sequestrat SCH or MDH volume decrease adjustment (contractor use onl	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s. 96). (For SCH see instruction onstration) adjustment (see ion y) instructions) s)	ee instructions) s)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0 0	58. C 59. C 60. C 61. C 63. C 64. C 65. C 66. C 67. C 68. C 70. E 70. E 70. E 70. S
57. 00 58. 00 59. 00 60. 00 61. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 70. 50 70. 88 70. 89 70. 90	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Dem Demonstration payment adjustment amount before sequestrat SCH or MDH volume decrease adjustment (contractor use onl Pioneer ACO demonstration payment adjustment amount (see HSP bonus payment HVBP adjustment amount (see instruction	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s. 96). (For SCH see instruction onstration) adjustment (see ion y) instructions) s)	ee instructions) s)	0 0 19, 559, 008 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0 0 0	58. C 59. C 60. C 61. C 63. C 64. C 65. C 67. C 68. C 70. E 70. E 70. E 70. E 70. E 70. S
57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 91	Ancillary service other pass through costs from Wkst. D, Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 m Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Dem Demonstration payment adjustment amount before sequestrat SCH or MDH volume decrease adjustment (contractor use only inneer ACO demonstration payment adjustment amount (see HSP bonus payment HVBP adjustment amount (see instruction HSP bonus payment HRR adjustment amount (see instructions)	t. III, column 9, lines 30 t Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs (s. 96). (For SCH see instruction onstration) adjustment (see ion y) instructions) s)	ee instructions) s)	0 0 19, 559, 008 1, 264, 956 165, 231 531, 318 345, 357 200, 823 18, 474, 178 0 0 0	60. C 61. C 62. C 63. C 64. C 66. C 67. C 70. S 70. 8 70. 8 70. 9 70. 9

Heal th	Financial Systems ST. (CATHERINE HO	SPI TAL		In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Provi der (CCN: 15-0008	Peri od: From 07/01/2019 To 06/30/2020		
			Ti tl	e XVIII	Hospi tal	PPS	
				FFY	(уууу)	Amount	
					0	1. 00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) the corresponding federal year for the period prior		column 0		0	0	70. 96
70. 97	Low volume adjustment for federal fiscal year (yyyy) the corresponding federal year for the period ending				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/min	nus lines 69	8 70)			18, 492, 613	71. 00
71. 01	Sequestration adjustment (see instructions)					308, 827	71. 01
71. 02	Demonstration payment adjustment amount after seque	strati on				0	71. 02
71 02	Comment of the party page 1			1			71 00

71.02	Deliving the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		_	71.02
	Sequestration adjustment-PARHM pass-throughs		47 /45 007	71. 03
	Interim payments		17, 645, 337	1
	Interim payments-PARHM		_	72. 01
	Tentative settlement (for contractor use only)		0	
	Tentative settlement-PARHM (for contractor use only)			73. 01
74. 00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and		538, 449	74. 00
	[73]			
74. 01	Balance due provider/program-PARHM (see instructions)			74. 01
75. 00	Protested amounts (nonallowable cost report items) in accordance with		519, 006	75. 00
	CMS Pub. 15-2, chapter 1, §115.2]
	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		0	90.00
	plus 2.04 (see instructions)			
91.00	Capital outlier from Wkst. L, Pt. I, 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
	Time value of money for operating expenses (see instructions)		0	95.00
	Time value of money for capital related expenses (see instructions)		0	1
		Prior to 10/1	On/After 10/1	
		1. 00	2. 00	
	HSP Bonus Payment Amount	1.00	2.00	
100 00	HSP bonus amount (see instructions)	0	0	100. 00
100.00	HVBP Adjustment for HSP Bonus Payment		0	100.00
101 00	HVBP adjustment factor (see instructions)	0.000000000	0. 0000000000	101 00
	HVBP adjustment ractor (see first detroils)	0.000000000		102.00
102.00	Triver augustilient allibunt for her bonus payllient (see fristructions)	U	U	1102.00
	UDD Adjustment for USD Penus Payment			
	HRR Adjustment for HSP Bonus Payment	0,0000	0.0000	
103.00	HRR adjustment factor (see instructions)	0.0000		103. 00
103.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions)	0.0000		
103. 00 104. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			103. 00 104. 00
103. 00 104. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment Is this the first year of the current 5-year demonstration period under the 21st			103. 00
103. 00 104. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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.			103. 00 104. 00
103.00 104.00 200.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement			103. 00 104. 00 200. 00
103.00 104.00 200.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			103. 00 104. 00 200. 00
103.00 104.00 200.00 201.00 202.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions)			103. 00 104. 00 200. 00 201. 00 202. 00
103.00 104.00 200.00 201.00 202.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions)	0	0	103. 00 104. 00 200. 00
103.00 104.00 200.00 201.00 202.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current	0	0	103. 00 104. 00 200. 00 201. 00 202. 00
103.00 104.00 200.00 201.00 202.00 203.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the curreperiod)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00
103.00 104.00 200.00 201.00 202.00 203.00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the curreperiod)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the currence of the curr	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the curred period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currengeriod) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 211)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00 2010. 00 2111. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 212. 00 213. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 211) Low-volume adjustment (see instructions)	0	0	200. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 212. 00 213. 00
103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 212. 00 213. 00	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the currence period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 211)	0	0	103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0008	Peri od: From 07/01/2019 Worksheet E Part B To 06/30/2020 Date/Time Prepared:

			10 00/ 30/ 2020	11/25/2020 10:	
		Title XVIII	Hospi tal	PPS	
				1 00	
	DADT D. MEDICAL AND OTHER HEALTH CERVICES			1. 00	
1. 00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			67, 350	1.00
2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instructions)	nns)		10, 848, 213	2.00
3. 00	OPPS payments	113)		8, 746, 295	3. 00
4.00	Outlier payment (see instructions)			16, 235	4. 00
4.01	Outlier reconciliation amount (see instructions)			0	4. 01
5.00	Enter the hospital specific payment to cost ratio (see instructi	ons)		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		0	9.00
10.00	Organ acquisitions			0 47.3E0	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES			67, 350	11. 00
	Reasonable charges				
12. 00	Ancillary service charges			282, 773	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)			282, 773	14.00
	Customary charges				
15.00	Aggregate amount actually collected from patients liable for pay	ment for services on a	charge basis	0	15. 00
16. 00	Amounts that would have been realized from patients liable for p	payment for services or	a chargebasis	0	16. 00
47.00	had such payment been made in accordance with 42 CFR §413.13(e)			0.00000	47.00
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17. 00
18. 00 19. 00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only	if line 19 exceeds lin	0 11) (600	282, 773 215, 423	18. 00 19. 00
19.00	instructions)	II IIIle 18 exceeds III	(366	213, 423	19.00
20. 00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds lin	e 18) (see	o	20. 00
	instructions)		, (- 1	
21.00	Lesser of cost or charges (see instructions)			67, 350	21.00
22. 00	Interns and residents (see instructions)			0	22. 00
23. 00	Cost of physicians' services in a teaching hospital (see instruc	tions)		0	23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			8, 762, 530	24. 00
05.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				05.00
25. 00 26. 00	Deductibles and coinsurance amounts (for CAH, see instructions)	14 (for CAH coo instru	ictions)	1 400 270	25. 00 26. 00
27. 00	Deductibles and Coinsurance amounts relating to amount on line 2 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plu	•	′ .	1, 690, 379 7, 139, 501	
27.00	instructions)	is the sum of fines 22	and 25] (See	7, 137, 301	27.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, line	: 50)		0	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)			7, 139, 501	30. 00
31.00	Primary payer payments			712	31.00
32. 00	Subtotal (line 30 minus line 31)			7, 138, 789	32. 00
00.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			00.00
33. 00 34. 00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
35. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			552, 845 359, 349	34. 00 35. 00
36. 00	Allowable bad debts for dual eligible beneficiaries (see instruc	tions)		322, 121	
37. 00	Subtotal (see instructions)			7, 498, 138	
	MSP-LCC reconciliation amount from PS&R			-11	
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39. 00
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)				39. 50
39. 97	Demonstration payment adjustment amount before sequestration			0	39. 97
39. 98	Partial or full credits received from manufacturers for replaced	l devices (see instruct	i ons)	0	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39. 99
40.00	Subtotal (see instructions)			7, 498, 149	40.00
40. 01	Sequestration adjustment (see instructions)			125, 219	40. 01
40. 02 40. 03	Demonstration payment adjustment amount after sequestration			0	40. 02 40. 03
41. 00	Sequestration adjustment-PARHM pass-throughs Interim payments			7, 458, 037	41. 00
41. 01	Interim payments-PARHM			1, 450, 057	41. 01
42. 00	Tentative settlement (for contractors use only)			0	42. 00
42. 01	Tentative settlement-PARHM (for contractor use only)			- I	42. 01
43.00	Balance due provider/program (see instructions)			-85, 107	43. 00
43. 01	Balance due provider/program-PARHM (see instructions)			 	43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub. 15-2, o	hapter 1,	0	44. 00
	§115. 2				
00.00	TO BE COMPLETED BY CONTRACTOR			0	00 00
90. 00 91. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	90. 00 91. 00
92. 00	The rate used to calculate the Time Value of Money			0.00	
93. 00	Time Value of Money (see instructions)			0.00	93. 00
	Total (sum of lines 91 and 93)			0	94.00
				•	

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0008	Peri od: From 07/01/2019	Worksheet E
	Component CCN: 15-S008		
	Title XVIII	Subprovi der -	PPS

	Title XVIII	I PF	PPS	
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		1. 00	
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50	2.00
3. 00 4. 00	OPPS payments Outlier payment (see instructions)		60	3. 00 4. 00
4. 00	Outlier reconciliation amount (see instructions)		0	4. 00
5. 00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	•
6.00	Line 2 times line 5		0	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	
8. 00 9. 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0 0	
10. 00	Organ acquisitions		0	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)		0	•
	COMPUTATION OF LESSER OF COST OR CHARGES			
12.00	Reasonable charges		1 0	12.00
12. 00 13. 00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0 0	
14. 00	Total reasonable charges (sum of lines 12 and 13)		0	
	Customary charges			
15. 00	Aggregate amount actually collected from patients liable for payment for services		0	
16. 00	Amounts that would have been realized from patients liable for payment for services had such payment been made in accordance with 42 CFR §413.13(e)	on a chargebasis	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)		0	18. 00
19. 00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds	line 11) (see	0	19. 00
20. 00	<pre>instructions) Excess of reasonable cost over customary charges (complete only if line 11 exceeds</pre>	Lino 10) (coo	0	20.00
20.00	instructions)	11116 10) (See		20.00
21.00	Lesser of cost or charges (see instructions)		0	21. 00
	Interns and residents (see instructions)		0	22. 00
23. 00 24. 00	Cost of physicians' services in a teaching hospital (see instructions)		0 60	23. 00 24. 00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT] 60	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25. 00
	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see in:		12	1
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines	22 and 23] (see	48	27. 00
28. 00	Instructions) Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28. 00
	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	1
	Subtotal (sum of lines 27 through 29)		48	•
	Primary payer payments		0 48	
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		40	32.00
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33. 00
	Allowable bad debts (see instructions)		0	
	Adjusted reimbursable bad debts (see instructions)		0	1
	Allowable bad debts for dual eligible beneficiaries (see instructions) Subtotal (see instructions)		0 48	
	MSP-LCC reconciliation amount from PS&R		0	1
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39. 00
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)			39. 50
39. 97 39. 98	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for replaced devices (see inst	cuctions)	0 0	
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	uctions)	0	39. 99
	Subtotal (see instructions)		48	
40. 01	Sequestration adjustment (see instructions)		1	40. 01
	Demonstration payment adjustment amount after sequestration		0	40. 02
40. 03	Sequestration adjustment-PARHM pass-throughs Interim payments		47	40. 03 41. 00
	Interim payments		47	41. 01
	Tentative settlement (for contractors use only)		0	
42. 01	Tentative settlement-PARHM (for contractor use only)			42. 01
43.00	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)		0	
43. 01 44. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-:	chapter 1	0	43. 01 44. 00
11.00	\$115. 2			155
	TO BE COMPLETED BY CONTRACTOR			
	Original outlier amount (see instructions)		0	
	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money		0.00	
	Time Value of Money (see instructions)		0.00	1
	Total (sum of lines 91 and 93)		0	94. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0008	Peri od: From 07/01/2019	Worksheet E
	Component CCN: 15-T008		Date/Time Prepared:
			11/25/2020 10:13 am
	Title XVIII	Subprovi der -	PPS

	I i tle XVIII Subprovio	ier -	PPS	
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		1.00	
1.00	Medical and other services (see instructions)		0	ı
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	
4. 00	OPPS payments Outlier payment (see instructions)			3. 00 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	
6.00	Line 2 times line 5		0	
7. 00 8. 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)		0.00	7. 00 8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9.00
10.00	Organ acqui si ti ons		0	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)		0	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges			ł
12. 00	Ancillary service charges		0	12. 00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	1
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14. 00
15. 00	Customary charges Aggregate amount actually collected from patients liable for payment for services on a charge ba	ci c	0	15. 00
16. 00				ı
	had such payment been made in accordance with 42 CFR §413.13(e)			
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	
18. 00 19. 00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see		0	18. 00 19. 00
19.00	instructions)			19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see	:	0	20.00
21 00	instructions)		0	21 00
	Lesser of cost or charges (see instructions) Interns and residents (see instructions)			21. 00 22. 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)		0	24. 00
25 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		0	25. 00
25. 00 26. 00	Deductibles and coinsurance amounts (for CAH, see instructions) Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			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] (s	ee	0	27. 00
00.00	instructions)			00.00
28. 00 29. 00	Direct graduate medical education payments (from Wkst. E-4, line 50) ESRD direct medical education costs (from Wkst. E-4, line 36)		0	28. 00 29. 00
	Subtotal (sum of lines 27 through 29)			30.00
31.00	Pri mary payer payments		0	•
32. 00	,		0	32. 00
33 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) Composite rate ESRD (from Wkst. I-5, line 11)		0	33. 00
	Allowable bad debts (see instructions)			
	Adjusted reimbursable bad debts (see instructions)		0	35. 00
	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	
	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R		0	
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)			39. 50
39. 97	Demonstration payment adjustment amount before sequestration		0	39. 97
39. 98 39. 99	Partial or full credits received from manufacturers for replaced devices (see instructions) RECOVERY OF ACCELERATED DEPRECIATION		0	39. 98 39. 99
40. 00	Subtotal (see instructions)		0	40.00
	Sequestration adjustment (see instructions)		0	40. 01
40. 02	Demonstration payment adjustment amount after sequestration		0	
	Sequestration adjustment-PARHM pass-throughs Interim payments		0	40. 03 41. 00
	Interim payments-PARHM			41. 01
42.00	· • • • • • • • • • • • • • • • • • • •		0	
42. 01	Tentative settlement-PARHM (for contractor use only)			42.01
43. 00 43. 01	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)		0	43. 00 43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,		0	1
	§115. 2			
00 00	TO BE COMPLETED BY CONTRACTOR			00.00
90.00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)		0	
	The rate used to calculate the Time Value of Money			92.00
	Time Value of Money (see instructions)		0	
94. 00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems ST ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0008

					11/25/2020 10:	13 am
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	⁻t 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		17, 189, 22	4	7, 010, 898	1. 00
2.00	Interim payments payable on individual bills, either		418, 61		447, 139	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3.00
	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)					
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/06/2020	37, 50	0	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		37, 50	0	0	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		17, 645, 33	7	7, 458, 037	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR		ı		1	
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
F 01	Program to Provider		Γ			F 01
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5. 02				0		5. 02
5. 03	Dravi dan ta Dragnam		l	0	0	5. 03
5. 50	Provider to Program TENTATIVE TO PROGRAM			ol	1 0	5. 50
5. 51	TENTATIVE TO PROGRAW			0		5. 51
5. 52				0		5. 52
5. 99				0		5. 99
J. 77	5. 50-5. 98)			O O		J. 77
6. 00	Determined net settlement amount (balance due) based on					6. 00
5.00	the cost report. (1)					0.00
6. 01	SETTLEMENT TO PROVIDER		538, 44	9	0	6. 01
6. 02	SETTLEMENT TO PROGRAM			ó	85, 107	6. 02
7. 00	Total Medicare program liability (see instructions)		18, 183, 78	-	7, 372, 930	7. 00
7.00	1.2.2. m. 2 2 p. og. am 1. ab. 1. cy (000 1.101 ab. 1.01)		10,100,70	Contractor	NPR Date	7.00
				Number	(Mo/Day/Yr)	
		()	1. 00	2.00	
8. 00	Name of Contractor					8. 00
	· '	•		•	. '	

Component CCN: 15-S008

Subprovi der -Title XVIII

		Title	XVIII	Subprovi der - I PF	PPS	
		Inpatien	t Part A	Par	t 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		1, 350, 685		47	1.00
2.00	Interim payments payable on individual bills, either		0		0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none, write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
0.00	amount based on subsequent revision of the interim rate					0.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER		0		0	3. 01
3.02			0		0	3. 02
3. 03 3. 04			0			3. 03 3. 04
3. 04			0			3. 04
3.03	Provider to Program					3. 03
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)		0		0	3. 99
4. 00	Total interim payments (sum of lines 1, 2, and 3.99)		1, 350, 685		47	4. 00
4.00	(transfer to Wkst. E or Wkst. E-3, line and column as		1, 330, 003		47	4.00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1) Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TENTATI VE TO TROVIDER		0		l ől	5. 02
5. 03			0		o	5. 03
	Provider to Program					
5.50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		0	5. 51
5. 52	Cubtatal (aum af lines F 01 F 40 minus aum af lines		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					6. 00
0.00	the cost report. (1)					0.00
6. 01	SETTLEMENT TO PROVIDER		7, 865		o	6. 01
6.02	SETTLEMENT TO PROGRAM		0		0	6. 02
7. 00	Total Medicare program liability (see instructions)		1, 358, 550		47	7. 00
				Contractor	NPR Date	
		()	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor		,	1.00	2.00	8. 00
	1			ļi	' '	

Component CCN: 15-T008 Title XVIII

Inpatient Part A			Title	XVIII	Subprovi der - I RF	PPS	
1.00 Total Interim payments paid to provider 1.00 2.00 3.00 4.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00			Inpatien	t Part A	Par	t B	
1.00			mm/dd/yyyy		mm/dd/yyyy	Amount	
Interim payments payable on individual bills, either submitted or to be submitted for to be submitted for to be submitted for to be submitted for to be submitted for to be submitted for to be submitted for to be submitted for to be submitted for the cost reporting period. If none, write "NONE" or enter a zero. 3.00			1. 00				
amount based on subsequent revision of the interin rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider ADJUSTMENTS TO PROVIDER O	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					2. 00
3.02 3.03 3.04 3.05 3.03 3.04 3.05 3.03 3.04 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05	3. 00	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
3.04 0	3.01	ADJUSTMENTS TO PROVIDER		C		0	3. 01
3.04 0 0 0 3.04 3.05 3.04 3.05 3.04 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.05 3.	3.02			C)	0	3. 02
3.05	3.03			C)	0	3. 03
Provider to Program ADJUSTMENTS TO PROGRAM 0 0 3.50	3.04			C)	0	3. 04
3. 50 ADJUSTMENTS TO PROGRAM	3.05			C		0	3. 05
3.51 3.52 3.53 0 0 0 3.51 3.52 3.53 3.53 0 0 0 3.53 3.53 3.54 3.59 3.50-3.98 0 0 0 3.59 3.50-3.98 0 0 0 3.59 3.50-3.98 0 0 0 3.59 3.50-3.98 0 0 0 3.59 3.50-3.98 0 0 0 3.59 3.50-3.98 0 0 0 3.59 3.50-3.98 0 0 0 0 3.59 3.50-3.98 0 0 0 0 0 0 0 0 0							
3.52 3.53 3.54 3.99 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99 3.50-3.99		ADJUSTMENTS TO PROGRAM		C)		
3.53 3.54 3.54 3.54 3.54 3.54 3.54 3.54 3.54 3.55 3.57 3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50-3.98 3.50							
3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 6,949,332 0 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR							
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)							
3. 50-3. 98 Total interim payments (sum of lines 1, 2, and 3. 99) (transfer to Wkst. E-07 Wkst. E-3, line and column as appropriate) To Be COMPLETED BY CONTRACTOR	3.54			0)		
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR		3. 50-3. 98)		C			
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) Program to Provider	4. 00	(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6, 949, 332		0	4. 00
TENTATIVE TO PROVIDER	5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5. 00
Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September Solition September							
Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description		TENTATI VE TO PROVI DER					
Provider to Program							
TENTATI VE TO PROGRAM	5. 03			C		0	5. 03
5.51 0							
5.52 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) Number (Mo/Day/Yr) 0 1.00 2.00		TENTATIVE TO PROGRAM					
5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 0 0 6.01 6.02 SETTLEMENT TO PROGRAM 28, 329 0 6.02 7.00 Total Medicare program liability (see instructions) 6,921,003 0 7.00 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00							
5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00		Cultural (
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 0 0 6.01 6.02 SETTLEMENT TO PROGRAM 28, 329 0 6.02 7.00 Total Medicare program liability (see instructions) 6, 921, 003 Contractor Number (Mo/Day/Yr) 0 1.00 2.00	5. 99				,	0	5. 99
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00	6.00	Determined net settlement amount (balance due) based on					6. 00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00	6. 01			l o		0	6, 01
7.00 Total Medicare program liability (see instructions) 6,921,003 0 7.00 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00			•	28, 329		l ol	
Contractor NPR Date Number (Mo/Day/Yr) 0 1.00 2.00							
					Contractor		
8.00 Name of Contractor 8.00)	1. 00	2. 00	
	8. 00	Name of Contractor					8. 00

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu				u of Form CMS	-2552-10
		From 07/01/2019			
	To 06/30/2020				
	Title XVIII Hospital				
				4 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			1. 00	
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.		2 14		1.00
2.00					2. 00
3.00	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	3-12			4. 00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	! 20			5. 00
6. 00 7. 00	Total hospital charity care charges from Wkst. S-10, col. 3 I CAH only - The reasonable cost incurred for the purchase of c		Wks+ \$ 2 D+ I		6. 00 7. 00
7.00	Tine 168	cer till ed ill i teciliology	WKSt. 3-2, Ft. 1		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	10.00 Calculation of the HIT incentive payment after sequestration (see instructions)				10. 00
	I NPATI ENT HOSPITAL SERVICES UNDER THE I PPS & CAH				
	30.00 Initial/interim HIT payment adjustment (see instructions)				30.00
	31.00 Other Adjustment (specify)				31. 00 32. 00
32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)					I 3∠. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Peri od:	Worksheet E-3
		From 07/01/2019	Part II
	Component CCN: 15-S008	To 06/30/2020	Date/Time Prepared:
	·		11/25/2020 10:13 am
	Title XVIII	Subprovi der -	PPS

	I PF		
	DADT II. MEDICADE DADT A CEDVICES. LDF DDS	1. 00	
1. 00	PART II - MEDICARE PART A SERVICES - IPF PPS Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1, 500, 062	1. 00
2. 00	Net IPF PPS Outlier Payments Net IPF PPS Outlier Payments	1, 500, 062	2. 00
3.00	Net IPF PPS ECT Payments	10, 789	3. 00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November	0.00	4. 00
4.00	15, 2004. (see instructions)	0.00	4.00
4. 01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42	0. 00	4. 01
	CFR §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions)		
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new	0.00	6.00
	teaching program" (see instuctions)		
7. 00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new	0. 00	7. 00
0.00	teaching program" (see instuctions)	0.00	0.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0. 00 10. 019126	8. 00
9.00	Average Daily Census (see instructions)		9.00
10. 00 11. 00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}. Teaching Adjustment (line 1 multiplied by line 10).	0.000000	10.00
12. 00			12. 00
13. 00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11) Nursing and Allied Health Managed Care payment (see instruction)	1, 523, 279 0	13. 00
14. 00	Organ acquisition (DO NOT USE THIS LINE)		14. 00
15. 00	Cost of physicians' services in a teaching hospital (see instructions)	0	15. 00
16. 00	Subtotal (see instructions)	1, 523, 279	
17. 00	Primary payer payments	0	17. 00
18. 00	Subtotal (line 16 less line 17).	1, 523, 279	
19. 00	Deductibles	133, 980	
20.00	Subtotal (line 18 minus line 19)	1, 389, 299	
21. 00	Coinsurance	13, 453	
22. 00	Subtotal (line 20 minus line 21)	1, 375, 846	22.00
23. 00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	8, 888	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	5, 777	24.00
25. 00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2, 140	
26. 00	Subtotal (sum of lines 22 and 24)	1, 381, 623	26.00
27. 00	Direct graduate medical education payments (see instructions)	0	27. 00
28. 00	Other pass through costs (see instructions)	0	28. 00
29. 00	Outlier payments reconciliation	0	29. 00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30. 50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30. 50
30. 99	Demonstration payment adjustment amount before sequestration	0	30. 99
31.00	Total amount payable to the provider (see instructions)	1, 381, 623	
31. 01 31. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration	23, 073 0	31. 01 31. 02
32.00	Interim payments	1, 350, 685	
33. 00	Tentative settlement (for contractor use only)	1, 350, 665	33. 00
34. 00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	7, 865	
35. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	7,003	35. 00
55. 50	S115. 2		55. 55
	TO BE COMPLETED BY CONTRACTOR		
50.00		12, 428	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52. 00	The rate used to calculate the Time Value of Money		52.00
53. 00	Time Value of Money (see instructions)	0	53. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0008	Peri od:	Worksheet E-3
		From 07/01/2019	Part III
	Component CCN: 15-T008	To 06/30/2020	Date/Time Prepared:
			11/25/2020 10:13 am
	Title XVIII	Subprovi der -	PPS

		TI LIE AVIII	I RF	PPS	
		-			
	PART III - MEDICARE PART A SERVICES - IRF PPS			1. 00	
1. 00	Net Federal PPS Payment (see instructions)			6, 713, 993	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0691	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			408, 882	3.00
4. 00	Outlier Payments			15, 159	4.00
5.00	Unweighted intern and resident FTE count in the most recent co	ost reporting period en	ding on or prior	0.00	
3.00	to November 15, 2004 (see instructions)	ost reporting period en	aring on or prior	0.00	3.00
5. 01	Cap increases for the unweighted intern and resident FTE country program or hospital closure, that would not be counted without CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		'	0. 00	5. 01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in	the new program growth p	eriod of a "new	0.00	7. 00
	teaching program" (see instructions)			ļ	
8. 00	Current year's unweighted I&R FTE count for residents within teaching program" (see instructions)	the new program growth p	eriod of a "new	0. 00	8. 00
9.00	Intern and resident count for IRF PPS medical education adjust	tment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)	,		15. 363388	10.00
11. 00	Teaching Adjustment Factor (see instructions)			0.000000	11. 00
12.00	Teaching Adjustment (see instructions)			0	12. 00
13.00	Total PPS Payment (see instructions)			7, 138, 034	13. 00
14.00	Nursing and Allied Health Managed Care payments (see instructi	on)		0	14. 00
15.00	Organ acquisition (DO NOT USE THIS LINE)			l	15. 00
16.00	Cost of physicians' services in a teaching hospital (see instr	ructions)		0	16. 00
17.00	Subtotal (see instructions)			7, 138, 034	17. 00
18.00	Pri mary payer payments			0	18. 00
19.00	Subtotal (line 17 less line 18).			7, 138, 034	19. 00
20.00	Deducti bl es			26, 312	20. 00
21. 00	Subtotal (line 19 minus line 20)			7, 111, 722	21. 00
22. 00	Coi nsurance			95, 711	22. 00
23. 00	Subtotal (line 21 minus line 22)			7, 016, 011	23. 00
24. 00	Allowable bad debts (exclude bad debts for professional service	ces) (see instructions)		34, 670	24. 00
25. 00	Adjusted reimbursable bad debts (see instructions)			22, 536	25. 00
26. 00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		21, 776	26. 00
	Subtotal (sum of lines 23 and 25)			7, 038, 547	
	Direct graduate medical education payments (from Wkst. E-4, li	ne 49)		0	
29. 00	Other pass through costs (see instructions)			0	
30. 00	1			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
31. 50	Pioneer ACO demonstration payment adjustment (see instructions	5)		0	
31. 99	Demonstration payment adjustment amount before sequestration			0	0 , ,
	Total amount payable to the provider (see instructions)			7, 038, 547	
32. 01	Sequestration adjustment (see instructions)			117, 544	
32. 02	,			0	
	Interim payments			6, 949, 332	
34. 00	Tentative settlement (for contractor use only)			0	
35. 00	Balance due provider/program (line 32 minus lines 32.01, 32.02	•		-28, 329	1
36. 00	Protested amounts (nonallowable cost report items) in accordar §115.2	nce with CMS Pub. 15-2,	chapter 1,	0	36. 00
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount from Wkst. E-3, Pt. III, line 4			15, 159	
	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money			0. 00	1
53.00	Time Value of Money (see instructions)			01	53. 00

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: Worksheet E-3 From 07/01/2019 Part VII
		To 06/30/2020 Date/Time Prepared

			Го 06/30/2020	Date/Time Pre 11/25/2020 10	
		Title XIX	Hospi tal	PPS	
			Inpatient	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	VICES FOR TITLES V OR XIX			
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		o		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		o		5. 00
6.00	Outpatient primary payer payments			0	1
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonabl e Charges				
8.00	Routi ne servi ce charges		2, 966, 077		8. 00
9.00	Ancillary service charges		5, 639, 453	0	9. 00
10.00	Organ acquisition charges, net of revenue		0		10. 00
11. 00	Incentive from target amount computation		0		11. 00
12.00	Total reasonable charges (sum of lines 8 through 11)		8, 605, 530	0	12. 00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13. 00
	basis				
14. 00	Amounts that would have been realized from patients liable for		0	0	14. 00
45.00	a charge basis had such payment been made in accordance with 4	12 CFR §413.13(e)	0.000000	0.000000	45.00
	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0. 000000	
16.00	Total customary charges (see instructions)	v if line 1/ evenede	8, 605, 530	0	16.00
17.00	Excess of customary charges over reasonable cost (complete onl line 4) (see instructions)	y IT Time 16 exceeds	8, 605, 530	0	17. 00
18. 00	Excess of reasonable cost over customary charges (complete onl	vifling 4 avende line	o	0	18. 00
10.00	16) (see instructions)	y II IIIle 4 exceeds IIIle	U	Ü	10.00
19. 00	Interns and Residents (see instructions)		o	0	19.00
	Cost of physicians' services in a teaching hospital (see instr	ructions)	l o	0	20.00
	Cost of covered services (enter the lesser of line 4 or line 1		o	0	
21.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be				200
22. 00	Other than outlier payments		0	0	22. 00
	Outlier payments		0	0	23. 00
	Program capital payments		0		24. 00
25.00	Capital exception payments (see instructions)		0		25. 00
26.00	Routine and Ancillary service other pass through costs		0	0	26. 00
27.00	Subtotal (sum of lines 22 through 26)		O	0	27. 00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28. 00
29. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Excess of reasonable cost (from line 18)		0	0	
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31. 00
	Deducti bl es		0	0	32. 00
33. 00	Coi nsurance		0	0	33. 00
	Allowable bad debts (see instructions)		0	0	34. 00
	Utilization review		0		35. 00
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	1 33)	0	0	36. 00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37. 00
	Subtotal (line 36 ± line 37)		0	0	38. 00
	Direct graduate medical education payments (from Wkst. E-4)		0	-	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41. 00	Interim payments		0	0	41.00
	Balance due provider/program (line 40 minus line 41)	account the CMC Dub 1E C	0	0	42.00
43. 00	Protested amounts (nonallowable cost report items) in accordar chapter 1, §115.2	ICE WITH CMS PUD 15-2,	0	0	43. 00
	Onaptor 1, 3110.2		1		I

Health Financial Systems	ST. CATHERINE H	OSPI TAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2019	Worksheet E-3
		Component CCN: 15-S008		Date/Time Prepared: 11/25/2020 10:13 am
		Title XIX	Subprovi der -	PPS

		litle XIX	Subprovi der -	PPS	
			I PF I npati ent	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICE	CES FOR TITLES V OR XIX		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES	220 1 311 11 1223 1 311 717	02 020		1
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2. 00
3.00	Organ acquisition (certified transplant centers only)		0		3. 00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4. 00
5.00	Inpatient primary payer payments		0		5. 00
6.00	Outpatient primary payer payments			0	
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonabl e Charges		1		
8.00	Routine service charges		945, 064		8. 00
9.00	Ancillary service charges		385, 935	0	
10.00	Organ acquisition charges, net of revenue		0		10.00
11. 00 12. 00	Incentive from target amount computation Total reasonable charges (sum of lines 8 through 11)		1, 330, 999	0	11. 00 12. 00
12.00	CUSTOMARY CHARGES		1, 330, 999	0	12.00
13. 00	Amount actually collected from patients liable for payment for so	ervices on a charge	l ol	0	13.00
13.00	basis	or vices on a charge	٩	O	13.00
14.00	Amounts that would have been realized from patients liable for particular and the particular particular and the particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particula	ayment for services on	o	0	14. 00
	a charge basis had such payment been made in accordance with 42 (CFR §413.13(e)			
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	• •	0.000000	0.000000	15. 00
16.00	Total customary charges (see instructions)		1, 330, 999	0	16. 00
17. 00	Excess of customary charges over reasonable cost (complete only	f line 16 exceeds	1, 330, 999	0	17. 00
	line 4) (see instructions)				
18. 00	Excess of reasonable cost over customary charges (complete only	f line 4 exceeds line	0	0	18. 00
10.00	16) (see instructions)			0	10.00
19. 00 20. 00	Interns and Residents (see instructions) Cost of physicians' services in a teaching hospital (see instructions)	ti ana)	0	0	
21. 00	Cost of covered services (enter the lesser of line 4 or line 16)	LI Olis)		0	
21.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be cor	nnleted for PPS provide			21.00
22. 00	Other than outlier payments	iproted for 113 provide	0	0	22. 00
	Outlier payments		o	0	
24. 00	Program capital payments		O		24. 00
25. 00	Capital exception payments (see instructions)		0		25. 00
26.00	Routine and Ancillary service other pass through costs		0	0	26. 00
27. 00	Subtotal (sum of lines 22 through 26)		0	0	
28. 00	Customary charges (title V or XIX PPS covered services only)		0	0	
29. 00	, ,		0	0	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30. 00	Excess of reasonable cost (from line 18)		0	0	
31. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	
32.00	Deducti bl es		0	0	
	Coinsurance		0	0	
34.00	Allowable bad debts (see instructions) Utilization review			U	35.00
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33	3)		0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	3)	0	0	
38. 00	Subtotal (line 36 ± line 37)		o	0	
	Direct graduate medical education payments (from Wkst. E-4)		o	ŭ	39. 00
40. 00	, , , , , , , , , , , , , , , , , , , ,		o	0	1
41.00	Interim payments		o	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		o	0	42. 00
43.00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub 15-2,	o	0	43. 00
	chapter 1, §115.2				İ

Health Financial Systems	ST. CATHERINE HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0008		Worksheet E-3
	Component CCN: 15-T008	From 07/01/2019 To 06/30/2020	Part VII Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovider -	PPS

		litle XIX	Subprovi der -	PPS		
			IRF Inpatient	Outpati ent		
			1.00	2. 00		
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
	COMPUTATION OF NET COST OF COVERED SERVICES	CES TON TITLES V ON ATA	JERVI CES		-	
1. 00						
2.00	Medical and other services		J o	0	1.00	
3.00	Organ acquisition (certified transplant centers only)		0	O	3.00	
4. 00	Subtotal (sum of lines 1, 2 and 3)		0	0		
5. 00	Inpatient primary payer payments		0	O	5.00	
6. 00	Outpatient primary payer payments		J	0		
7. 00	Subtotal (line 4 less sum of lines 5 and 6)		o	0		
7.00	COMPUTATION OF LESSER OF COST OR CHARGES		<u> </u>		7.00	
	Reasonable Charges				1	
8.00	Routine service charges		110, 043		8.00	
9. 00	Ancillary service charges		178, 360	0		
10.00	Organ acquisition charges, net of revenue		170,000	Ü	10.00	
11. 00	Incentive from target amount computation		0		11.00	
12. 00	Total reasonable charges (sum of lines 8 through 11)		288, 403	0		
12.00	CUSTOMARY CHARGES		200, 100		12.00	
13. 00	Amount actually collected from patients liable for payment for se	ervices on a charge	O	0	13. 00	
.0.00	basis	or troop on a onarge	Ĭ	ŭ	10.00	
14.00	Amounts that would have been realized from patients liable for pa	avment for services on	o	0	14. 00	
	a charge basis had such payment been made in accordance with 42 (
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	- ,	0.000000	0.000000	15. 00	
16.00	Total customary charges (see instructions)		288, 403	0	16. 00	
17.00	Excess of customary charges over reasonable cost (complete only i	f line 16 exceeds	288, 403	0	17. 00	
	line 4) (see instructions)					
18.00	Excess of reasonable cost over customary charges (complete only i	fline 4 exceeds line	0	0	18. 00	
	16) (see instructions)					
19.00	Interns and Residents (see instructions)		0	0		
	Cost of physicians' services in a teaching hospital (see instruc-	tions)	0	0		
21. 00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21. 00	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be com	npleted for PPS provide				
	Other than outlier payments		0	0		
23. 00	Outlier payments		0	0		
	Program capital payments		0		24. 00	
25. 00	Capital exception payments (see instructions)		0	_	25. 00	
26. 00	Routine and Ancillary service other pass through costs		0	0		
27. 00	Subtotal (sum of lines 22 through 26)		0	0		
	Customary charges (title V or XIX PPS covered services only)		0	0		
29. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	29. 00	
00.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				00.00	
30.00	Excess of reasonable cost (from line 18)		0	0		
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0		
32. 00	Deducti bl es		0	0		
33. 00	Coinsurance		0	0		
34. 00 35. 00	Allowable bad debts (see instructions)		0	0	34. 00 35. 00	
36. 00	Utilization review	2)		0		
37. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	5)		0		
	Subtotal (line 36 ± line 37)			0	1	
39. 00	Direct graduate medical education payments (from Wkst. E-4)			U	39.00	
	Total amount payable to the provider (sum of lines 38 and 39)			0		
41. 00	Interim payments			0		
42. 00	Balance due provider/program (line 40 minus line 41)			0		
43. 00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub 15-2		0		
45.00	chapter 1, §115. 2	WI CIT ONIS TOD TO Z,	١	O	15.00	
	1		1		1	

Health Financial Systems ST. CATHERINE HOSPITAL In Lieu of Form CMS-2552-10

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

Provider CCN: 15-0008

Peri od: From 07/01/2019 To 06/30/2020 Date/Ti me Prepared: 11/25/2020 10:13 am

Offi y)					11/25/2020 10	: 13 am
		General Fund		Endowment Fund	Plant Fund	
		1.00	Purpose Fund 2.00	3. 00	4.00	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
1.00	Cash on hand in banks	1, 900	0	0	0	1.00
2.00	Temporary investments	0	0	0		
3.00	Notes receivable	0	0	0	0	
4.00	Accounts recei vable	15, 577, 914	0	0	0	
5. 00	Other recei vable	0	0	0	0	
6.00	Allowances for uncollectible notes and accounts receivable	1	0	0	0	
7.00	Inventory	6, 619, 066	1	0	0	
8.00	Prepaid expenses	1, 724, 035	1	0	0	
9. 00 10. 00	Other current assets Due from other funds	604, 251	0	_	0	
11. 00	Total current assets (sum of lines 1-10)	24, 527, 166		_	•	
11.00	FIXED ASSETS	24, 527, 100	<u>, </u>	0		11.00
12. 00	Land	0	0	0	0	12. 00
13. 00	Land improvements	Ö	ol o	_	1	
14. 00	Accumulated depreciation	0	o	0	0	
15.00	Bui I di ngs	35, 209, 565	5 o	0	0	15. 00
16.00	Accumulated depreciation	0	0	0	0	16. 00
17. 00	Leasehold improvements	0	0	0	0	17. 00
18. 00	Accumulated depreciation	0	0	0	0	
19. 00	Fi xed equipment	0	0	0	0	1
20. 00	Accumul ated depreciation	0	0	0	0	
21. 00	Automobiles and trucks	0	0	0	0	
22. 00	Accumulated depreciation	0	0	0	0	
23. 00	Maj or movable equipment	0		0	0	1
24. 00 25. 00	Accumulated depreciation Minor equipment depreciable		0	0	0	
26. 00	Accumul ated depreciation			0	0	
27. 00	HIT designated Assets			0		
28. 00	Accumul ated depreciation	0		0	0	
29. 00	Mi nor equi pment-nondepreci abl e	Ö	ol o	_		
30.00	Total fixed assets (sum of lines 12-29)	35, 209, 565	0	0	0	
	OTHER ASSETS					1
31.00	Investments	0	0	0	0	31. 00
32.00	Deposits on Leases	0	0	0	-	
33. 00	Due from owners/officers	0	0	0	0	
34. 00	Other assets	2, 333, 000	1	_	0	1
35. 00	Total other assets (sum of lines 31-34)	2, 333, 000	1	_	0	
36. 00	Total assets (sum of lines 11, 30, and 35)	62, 069, 731	0	0	0	36. 00
37. 00	CURRENT LIABILITIES Accounts payable	730, 145	i 0	0	0	37. 00
38. 00	Salaries, wages, and fees payable	5, 960, 249	•	0	· -	
39. 00	Payroll taxes payable	3, 900, 249		0	0	
40. 00	Notes and Loans payable (short term)			0	0	
41. 00	Deferred income	0		0	Ö	
42. 00	Accel erated payments	Ö			ĺ	42. 00
43.00	Due to other funds	39, 703, 965	5 o	0	0	1
44.00	Other current liabilities	19, 250, 447		0	0	
45.00	Total current liabilities (sum of lines 37 thru 44)	65, 644, 806	0	0	0	45. 00
	LONG TERM LIABILITIES					
46. 00	Mortgage payable	0	0		-	
47. 00	Notes payable	0	0		-	
48. 00	Unsecured Loans	0	0	_		1
49. 00	Other long term liabilities	2, 466, 170	1	_	-	
50.00	Total long term liabilities (sum of lines 46 thru 49)	2, 466, 170	1		-	
51. 00	Total liabilities (sum of lines 45 and 50)	68, 110, 976	0	0	0	51. 00
E2 00	CAPITAL ACCOUNTS General fund balance	(041 245				F2 00
52. 00 53. 00	Specific purpose fund	-6, 041, 245	'l o			52. 00 53. 00
54.00	Donor created - endowment fund balance - restricted			^		54.00
55. 00	Donor created - endowment fund balance - restricted			0		55.00
56. 00	Governing body created - endowment fund balance			0		56.00
57. 00	Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement,				0	
55. 55	replacement, and expansion				I	55.55
59. 00	Total fund balances (sum of lines 52 thru 58)	-6, 041, 245	5 o	0	0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	62, 069, 731	1	0	0	
	59)				1	

ST. CATHERINE HOSPITAL

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 15-0008

					From 07/01/201 To 06/30/202		
		Genera	l Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2. 00	3. 00	4. 00	5. 00	
1.00	Fund balances at beginning of period		40, 233, 717	1		0	1.00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)		10, 696, 043 50, 929, 760	1		0	2. 00 3. 00
4. 00	Additions (credit adjustments) (specify)	0	30, 727, 700		0	0	4. 00
5.00	NET ASSETS RELEASED FROM RESTRICTIO	40, 000			0	0	5. 00
6.00	NET ASSETS TRANSFERRED	0			0	0	6. 00
7. 00 8. 00	CONTRIBUTIONS INVESTMENT INCOME	86, 000 12, 000			0	0	7. 00 8. 00
9. 00	TINVESTIMENT TINCOME	12,000			0	0	9. 00
10.00	Total additions (sum of line 4-9)		138, 000			0	10. 00
11. 00	Subtotal (line 3 plus line 10)		51, 067, 760			0	11. 00
12. 00 13. 00	Deductions (debit adjustments) (specify) TRANSFERS	F7 031 000			0	0	12. 00 13. 00
14. 00	ASSET TRANSFERS	57, 031, 000 78, 000			0	0	14.00
15. 00	ROUNDI NG	5			Ö	o o	15. 00
16. 00		0			0	0	16. 00
17. 00	T + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	0	F7 400 00F		0	0	17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance		57, 109, 005 -6, 041, 245	1		0	18. 00 19. 00
17.00	sheet (line 11 minus line 18)		0,041,243			٦	17.00
		Endowment Fund	PI ant	Fund			
		6.00	7. 00	8.00			
1. 00	Fund balances at beginning of period	0		2.00	0		1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2. 00
3. 00 4. 00	Total (sum of line 1 and line 2)	0	0		0		3. 00 4. 00
4. 00 5. 00	Additions (credit adjustments) (specify) NET ASSETS RELEASED FROM RESTRICTIO		0				5. 00
6. 00	NET ASSETS TRANSFERRED		Ö				6. 00
7.00	CONTRI BUTI ONS		0				7. 00
8.00	INVESTMENT INCOME		0				8. 00
9. 00 10. 00	Total additions (sum of line 4-9)	0	0	1	0		9. 00 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	TRANSFERS		0	1			13. 00
14. 00 15. 00	ASSET TRANSFERS ROUNDING		0				14. 00 15. 00
16. 00	INCONDI NO		0				16. 00
17. 00			Ö				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	0			0		19. 00
	sheet (line 11 minus line 18)	I	I	I	I		

Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Peri od: | Worksheet G-2 | From 07/01/2019 | Parts I & II | To 06/30/2020 | Date/Time Prepared: Provider CCN: 15-0008

		1	o 06/30/2020	Date/Time Pre 11/25/2020 10	
	Cost Center Description	I npati ent	Outpati ent	Total	10 4
	'	1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospi tal	57, 664, 864		57, 664, 864	1. 00
2.00	SUBPROVI DER - I PF	14, 132, 305	5	14, 132, 305	2. 00
3.00	SUBPROVI DER - I RF	6, 988, 658	3	6, 988, 658	3. 00
4.00	SUBPROVI DER				4. 00
5.00	Swing bed - SNF			0	5. 00
6.00	Swing bed - NF			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)	78, 785, 827	'	78, 785, 827	10. 00
	Intensive Care Type Inpatient Hospital Services				
11. 00	INTENSIVE CARE UNIT	7, 421, 946		7, 421, 946	11. 00
12.00	CORONARY CARE UNIT				12.00
13. 00	BURN INTENSIVE CARE UNIT				13. 00
14. 00	SURGI CAL INTENSI VE CARE UNI T				14. 00
15. 00	OTHER SPECIAL CARE (SPECIFY)				15. 00
16. 00	Total intensive care type inpatient hospital services (sum of lines	7, 421, 946		7, 421, 946	16. 00
47.00	11-15)			04 007 770	47.00
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	86, 207, 773		86, 207, 773	17. 00
18.00	Ancillary services	158, 673, 421		158, 673, 421	18.00
19.00	Outpati ent servi ces			286, 062, 059	19.00
20.00	RURAL HEALTH CLINIC		-	0	20.00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21.00
22. 00	HOME HEALTH AGENCY		U	0	22. 00
23. 00	AMBULANCE SERVICES				23. 00
24. 00 25. 00	CMHC				24. 00 25. 00
26. 00	AMBULATORY SURGICAL CENTER (D. P.) HOSPICE				26.00
27. 00	PHYSI CI AN REVENUE	2, 272, 994	4, 343, 908	6, 616, 902	26.00
27. 00	REGENCY	2, 212, 992	4, 343, 908	4, 845, 495	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wks	t. 247, 154, 188		542, 405, 650	28. 00
20.00	G-3, line 1)	247, 154, 186	273, 231, 402	542, 405, 050	20.00
	PART II - OPERATING EXPENSES				
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		146, 008, 611		29. 00
30. 00	ADD (SPECIFY)				30.00
31. 00					31. 00
32. 00					32. 00
33. 00					33. 00
34. 00					34.00
35. 00					35. 00
36. 00	Total additions (sum of lines 30-35)		0		36. 00
37. 00	DEDUCT (SPECIFY)				37. 00
38. 00					38. 00
39.00					39. 00
40.00)		40.00
41.00)		41.00
42.00	Total deductions (sum of lines 37-41)		O		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(trans	sfer	146, 008, 611		43.00
	to Wkst. G-3, line 4)				

111 41-	CT CATUEDINE	HOCOL TAL	1-1:-	£ F CMC	2552 10	
	Financial Systems ST. CATHERINE ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0008	Peri od:	u of Form CMS- Worksheet G-3		
			From 07/01/2019			
	To 06/30/2020					
				11/25/2020 10	. 13 aiii	
				1. 00		
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin	ie 28)		542, 405, 650	1. 00	
2.00	Less contractual allowances and discounts on patients' accoun	its		410, 587, 023	2. 00	
3.00	Net patient revenues (line 1 minus line 2)			131, 818, 627	3. 00	
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		146, 008, 611	4. 00	
5.00	Net income from service to patients (line 3 minus line 4)			-14, 189, 984	5. 00	
	OTHER INCOME					
6.00	Contributions, donations, bequests, etc			264, 638	6. 00	
7.00	Income from investments			108, 024	1	
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0		
9.00	Revenue from television and radio service			0		
10. 00	Purchase di scounts				10. 00	
11. 00	Rebates and refunds of expenses			0		
12. 00	Parking lot receipts			0		
13. 00	Revenue from Laundry and Linen service			0		
14. 00	Revenue from meals sold to employees and guests			734, 672	1	
15. 00	Revenue from rental of living quarters				15. 00	
16. 00	Revenue from sale of medical and surgical supplies to other t	han patients		0		
17. 00	Revenue from sale of drugs to other than patients			788, 661	1	
18. 00	Revenue from sale of medical records and abstracts				18. 00	
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)			0		
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0		
21. 00	Rental of vending machines				21. 00	
22. 00	Rental of hospital space			822, 361	1	
23. 00	Governmental appropriations			0		
24. 00	GAIN ON SALE OF ASSETS			0		
24. 01	CAPITATION REVENUE			3, 243, 165	1	
24. 02	GRANT I NCOME			1 70/ /17		
24. 03	OTHER I NCOME			1, 706, 617		
24. 04	PHARMACY I NCOME			6, 465, 289		
24. 05 24. 06	CLASSES TEMP RESTRICTED				24. 05 24. 06	
24. 06	COVID-19 PHE Funding			10, 679, 200		
25. 00	Total other income (sum of lines 6-24)			24, 886, 027		
26. 00	Total (line 5 plus line 25)			10, 696, 043	1	
27. 00	OTHER EXPENSES (SPECIFY)			10, 696, 043	1	
28. 00	Total other expenses (sum of line 27 and subscripts)			0		
20.00	Total other expenses (suil of Title 27 and subscripts)			10 101 010	20.00	

10, 696, 043 29. 00

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

Heal th	Financial Systems ST. CATHERINE	HOSDITAI	Inlie	u of Form CMS-2	2552_10
	ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Pre 11/25/2020 10	pared:
	PPS				
	DADT I FULLY DROCDECTIVE METHOD			1. 00	
	PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT				
1. 00	Capital DRG other than outlier			1, 193, 533	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			1, 173, 333	1. 01
2. 00	Capital DRG outlier payments			381	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 re	eporting period (see inst	ructions)	75. 54	3. 00
4.00	Number of interns & residents (see instructions)			0.00	4. 00
5.00	Indirect medical education percentage (see instructions)			0.00	
6. 00	Indirect medical education adjustment (multiply line 5 by the 1.01) (see instructions)			0	6. 00
7. 00	Percentage of SSI recipient patient days to Medicare Part A 30) (see instructions)	patient days (Worksheet E	, part A line	12. 12	7. 00
8.00	Percentage of Medicaid patient days to total days (see instr	uctions)		41. 13	1
9.00	Sum of lines 7 and 8			53. 25	9. 00
10.00	Allowable disproportionate share percentage (see instruction	s)		11. 38 135, 824	
11.00					1
12. 00	Total prospective capital payments (see instructions)			1, 329, 738	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)				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 3. 00	Program inpatient capital costs for extraordinary circumstan Net program inpatient capital costs (line 1 minus line 2)	ces (see mstructions)		0	2. 00 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)			0.00	5. 00
6. 00				0.00	
7.00	Adjustment to capital minimum payment level for extraordinary		(line 6)	0	7. 00
8.00				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	1 1 3 1	′ ′	0	10. 00
11. 00	Carryover of accumulated capital minimum payment level over Worksheet L, Part III, line 14)			0	11. 00
12.00					12.00
13.00					13. 00 14. 00
14. 00					
15. 00	(if line 12 is negative, enter the amount on this line) On Current year allowable operating and capital payment (see instructions)				
16. 00					15. 00 16. 00
	00 Current year operating and capital costs (see instructions) 0 1 00 Current year exception offset amount (see instructions) 0 1				
			'		