This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 03-31-2022 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0004 Worksheet S Peri od: From 01/01/2021 Parts I-III AND SETTLEMENT SUMMARY 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm PART I - COST REPORT STATUS Provi der 1. [X] Electronically prepared cost report Date: 5/30/2022 8:09 pm] Manually prepared cost report use only Ilf 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. [8] 13. 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] 18. Contractor's Vendor Code:
[18] 19. Contractor's Vendor Code:
[19] 19. Contractor's Vendor Code:
[1 Contractor use only (3) Settled with Audit number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

(4) Reopened (5) Amended

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH HAMMOND (15-0004) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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.

| | SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR | CHECKBOX | | |
|---|---|----------|---|---|
| | 1 | 2 | SI GNATURE STATEMENT | |
| 1 | | | I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature. | 1 |
| 2 | Signatory Printed Name | | | 2 |
| 3 | Signatory Title | | | 3 |
| 4 | Date | | | 4 |

| | | | 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 | 1, 246, 570 | -282, 389 | 0 | 0 | 1. 00 |
| 2.00 | Subprovi der – IPF | 0 | 2, 563 | 149 | | 0 | 2. 00 |
| 3.00 | Subprovi der – I RF | 0 | 0 | 0 | | 0 | 3. 00 |
| 5.00 | Swing Bed - SNF | 0 | 0 | 0 | | 0 | 5. 00 |
| 6.00 | Swing Bed - NF | 0 | | | | 0 | 6. 00 |
| 7.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | | 0 | 7. 00 |
| 8.00 | NURSING FACILITY | 0 | | | | 0 | 8. 00 |
| 9.00 | HOME HEALTH AGENCY I | 0 | 0 | 0 | | 0 | 9. 00 |
| 10.00 | RURAL HEALTH CLINIC I | 0 | | 0 | | 0 | 10.00 |
| 11.00 | FEDERALLY QUALIFIED HEALTH CENTER I | 0 | | 0 | | 0 | 11. 00 |
| 12.00 | CMHC I | 0 | | 0 | | 0 | 12.00 |
| 200.00 | Total | 0 | 1, 249, 133 | -282, 240 | 0 | 0 | 200. 00 |
| The ab | ove amounts represent "due to" or "due from" | the applicable | program for th | e element of t | he above comple | ex 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.

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. 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 N Ν N rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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 ves or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 3 Ν 23 00 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.

is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.

N

N

58 00

59.00

58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.

59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.

| | | | 11 | 0 12/31/2021 | 5/30/2022 8:0 | |
|--|--------------------------------|--------------------|--------------------|-----------------------------|---|--------|
| | | ' | NAHE 413.85 Y/N | Worksheet A Line # | Pass-Through Qualification Criterion Code | |
| | | | 1. 00 | 2. 00 | 3.00 | |
| 60.00 Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413 instructions) Enter "Y" for yes or "N" for no in cois "Y", are you impacted by CR 11642 (or subsequent adjustement? Enter "Y" for yes or "N" for no in columns. | .857 (s Lumn 1. CR) NAHE | see If column 1 | Y | Y | 3. 00 | 60. 00 |
| 60.01 If line 60 is yes, complete columns 2 and 3 for each instructions) | | n. (see | | 23. 01 | 1 | 60. 01 |
| 60.02 If line 60 is yes, complete columns 2 and 3 for each instructions) | progran | n. (see | | 23. 02 | 1 | 60. 02 |
| 60.03 If line 60 is yes, complete columns 2 and 3 for each instructions) | progran | n. (see | | 23. 03 | 1 | 60. 03 |
| 60.04 If line 60 is yes, complete columns 2 and 3 for each instructions) | progran | n. (see | | 23. 04 | 1 | 60. 04 |
| 60.05 If line 60 is yes, complete columns 2 and 3 for each instructions) | progran | n. (see | | 23. 05 | 1 | 60. 05 |
| 60.06 If line 60 is yes, complete columns 2 and 3 for each instructions) | progran | n. (see | | 23. 06 | 1 | 60. 06 |
| | Y/N | I ME | Direct GME | IME | Direct GME | |
| | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| 61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) | N | | | 0.00 | 0.00 | 61. 00 |
| 61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) | | | | | | 61. 01 |
| 61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) | | | | | | 61. 02 |
| 61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) | | | | | | 61. 03 |
| 61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). | | | | | | 61. 04 |
| 61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) | | | | | | 61. 05 |
| 61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) | | N | | | | 61. 06 |
| | Pro | ogram Name | Program Code | Unweighted IME FTE Count | Unweighted Direct GME FTE Count | |
| | | 1.00 | 2. 00 | 3. 00 | 4.00 | |
| 61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. | | | | 0.00 | | 61. 10 |
| 61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. | | | | 0.00 | 0.00 | 61. 20 |

| Heal th | Financial Systems | FRANCI S | CAN HEALTH | HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|--|---|--|--|---|--|---|---|---------|
| HOSPI TA | L AND HOSPITAL HEALTH CARE COMPI | LEX IDENTIFICATION DA | TA | Provi der CC | N: 15-0004 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I Date/Time Pre 5/30/2022 8:0 | pared: |
| | | | | | | | 1.00 | |
| | ACA Provisions Affecting the Hea Enter the number of FTE resident | | | | | riod for which | 0.00 | 62.00 |
|) | our hospital received HRSA PCRE Enter the number of FTE resident | funding (see instruc | ctions) | | | | | 62. 01 |
| c | during in this cost reporting pe Teaching Hospitals that Claim Re | riod of HRSA THC prog | gram. (see | instruction | | | | |
| 63. 00 F | Has your facility trained reside 'Y" for yes or "N" for no in col | nts in nonprovider se | ettings dur | ing this co | | | N | 63.00 |
| | 1 TOT YES OF IN TOT HO THE COL | uiiii i. II yes, coiiipre | ete iiiles o | 4 through 6 | Unwei ghted | Unwei ghted | Ratio (col. 1/ | |
| | | | | | FTEs Nonprovi der Si te | FTEs in Hospital | (col. 1 + col. 2)) | |
| | | | | | 1. 00 | 2.00 | 3. 00 | |
| | Section 5504 of the ACA Base Yea period that begins on or after J | | | | his base yea | r is your cost r | reporting | |
| 64. 00 E i r s | Enter in column 1, if line 63 is n the base year period, the num resident FTEs attributable to ro settings. Enter in column 2 the resident FTEs that trained in yo of (column 1 divided by (column | yes, or your facilit ber of unweighted nor tations occurring in number of unweighted ur hospital. Enter ir | ty trained n-primary c all nonpro d non-prima n column 3 | residents are vider ry care the ratio | 0. | 0.00 | 0. 000000 | 64.00 |
| ,,, | . (55. 4 | Program Name | | m Code | Unwei ghted FTEs Nonprovi der Si te | FTEs in | Ratio (col. 3/ (col. 3 + col. 4)) | |
| 65. 00 E | Enter in column 1, if line 63 | 1.00 | 2. | 00 | 3. 00 | 4. 00 00 0. 00 | 5. 00 0. 000000 | |
| 1 2 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | s yes, or your facility trained residents in the base year period, the program name associated with primary care effect for each primary care orogram 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 1)). (see instructions) | | | | Unwei ghted | Unwei ghted | Ratio (col. 1/ | |
| | | | | | FTEs Nonprovi der Si te | FTES in Hospital | (col. 1 + col. 2)) | |
| 9 | Section 5504 of the ACA Current | Year FTE Residents in | n Nonprovid | er Settings | 1.00 Effective | 2.00 for cost reporti | 3.00 ng periods | |
| <u>k</u> 66. 00 E F E F | beginning on or after July 1, 20 Enter in column 1 the number of TEs attributable to rotations o Enter in column 2 the number of TEs that trained in your hospit | nount of the state | ry care res rovider set ry care res 3 the ratio | i dent ti ngs. i dent | 0. | | | 66.00 |
| (| column 1 divided by (column 1 + | column 2)). (see ins Program Name | | m Code | Unwei ghted FTEs Nonprovi der Si te | FTEs in | Ratio (col. 3/ (col. 3 + col. 4)) | |
| | | 1.00 | 2. | 00 | 3. 00 | 4.00 | 5.00 | |

Υ

Υ

98.00

98.01

98.02

Υ

98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post

98.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1

column 1 for title V, and in column 2 for title XIX.

for title V, and in column 2 for title XIX.

stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in

Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst.

C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider C | CN: 15-0004 | In Lie | Worksheet S- | 2 |
|--|--|-----------------------|----------------------------------|------------------------|--|
| | | | From 01/01/2021 To 12/31/2021 | Part I Date/Time Pr | epared: |
| | | | V | 5/30/2022 8: XI X | 09 pm |
| | | | 1. 00 | 2.00 | 1 |
| 8.03 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 | N | 98. 03 |
| 8.04 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 N | N | 98. 04 |
| 8.05 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. 05 |
| 18.06 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 | | | Y | Y | 98.00 |
| 05.00 Does this hospital qualify as a CAH? 06.00 If this facility qualifies as a CAH, has it elected the all- for outpatient services? (see instructions) | inclusive met | nod of paymer | N N | | 105. 00 106. 00 |
| 07.00 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 approved medical education program in the CAH's excluded IP | n 1. (see ins you train L&R: PF and/or LRF (| tructions) s in an | | | 107.00 |
| Enter "Y" for yes or "N" for no in column 2. (see instructi 08.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no. | | dul e? See 42 | 2 N | | 108.00 |
| | Physi cal | Occupati ona | | Respi ratory | |
| 00 001 6 this best tell such i files as a CAU as a seet manifely | 1.00 | 2.00 | 3.00 | 4.00 | 100.0 |
| 09.00 f 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. | N | N | N | N | 109. 0 |
| | | | | 1.00 | |
| 10.00 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 Worksheet E. | Y" for yes or | "N" for no. | If yes, | N | 110.00 |
| | | | 1.00 | 0.00 | _ |
| 11.00 f this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par | st reporting p | peri od? Enter | 1. 00 N | 2.00 | 111. 0 |
| Enter all that apply: "A" for Ambulance services; "B" for ad | ticipating in | | | | |
| Enter all that apply: "A" for Ambulance services; "B" for ad for tele-health services. | ticipating in | | | | |
| | ticipating in | and/or "C" | 2,00 | 3, 00 | |
| for tele-health services. 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceal participation in the demonstration, if applicable. | th Model period? "Y", enter | | 2.00 | 3.00 | 112.0 |
| for tele-health services. 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceaparticipation in the demonstration, if applicable. Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or 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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider | th Model period? "Y", enter lesed "N" for no B, or E only) 3" percent includes | and/or "C" | 2. 00 | | |
| for tele-health services. 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceaparticipation in the demonstration, if applicable. Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or 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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub. 15-1, chapter 22, §2208.1. | th Model period? "Y", enter lee lee "N" for no a, or E only) 3" percent includes s) based on | 1.00 N | 2.00 | | 0115.00 |
| for tele-health services. 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceaparticipation in the demonstration, if applicable. Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or 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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub. 15-1, chapter 22, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y" "N" for no. | th Model period? "Y", enter le lised ""N" for no | 1.00 N | 2.00 | | 0 115. 0 116. 0 |
| 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceaparticipation in the demonstration, if applicable. Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or 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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub.15-1, chapter 22, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y" | th Model period? "Y", enter lee lee "N" for no lee, or E only) lear includes s) based on for yes or lear lear content lear lear lear lear lear lear lear lear | 1.00 N N | 2 | | 112. 00 115. 00 116. 00 117. 00 |
| for tele-health services. 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceaparticipation in the demonstration, if applicable. Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or 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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub. 15-1, chapter 22, §2208. 1. 16.00 Is this facility classified as a referral center? Enter "Y" "N" for no. 17.00 Is this facility legally-required to carry malpractice insur "Y" for yes or "N" for no. 18.00 Is the malpractice insurance a claims-made or occurrence pole | th Model period? "Y", enter lee lee "N" for no lee, or E only) lear includes s) based on for yes or lear lear content lear lear lear lear lear lear lear lear | 1.00 N | 2. 00 2. 00 2. Losses | | 0 115. 00 116. 00 117. 00 |
| for tele-health services. 12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting 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 ceaparticipation in the demonstration, if applicable. Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or 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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub. 15-1, chapter 22, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y" "N" for no. 17.00 Is this facility legally-required to carry malpractice insur "Y" for yes or "N" for no. 18.00 Is the malpractice insurance a claims-made or occurrence pole | th Model period? "Y", enter lee lee "N" for no lee, or E only) lear includes s) based on for yes or lear lear content lear lear lear lear lear lear lear lear | 1.00 N N | 2 | | 0 115. 0 116. 0 117. 0 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 1! | F | eriod: rom 01/01/2021 o 12/31/2021 | Worksheet S- Part I Date/Time Pi 5/30/2022 8: | repared: |
|--|--|--|---|--|--|
| | | | 1. 00 | 2.00 | |
| 118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting schedand amounts contained therein. | center other than dule listing cost o | the centers | N N | 2.00 | 118. 02 |
| 119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qu Hold Harmless provision in ACA §3121 and applicable amendmen Enter in column 2, "Y" for yes or "N" for no. | n column 1, "Y" for ualifies for the Ou | yes or utpatient | N | N | 119. 00 120. 00 |
| 121.00 Did this facility incur and report costs for high cost impla patients? Enter "Y" for yes or "N" for no. | antable devices cha | arged to | Y | | 121.00 |
| Act?Enter "Y" for yes or "N" for no in column 1. If column the Worksheet A line number where these taxes are included. Transplant Center Information | | 122. 00 | | | |
| 125.00 Does this facility operate a transplant center? Enter "Y" for yes, enter certification date(s) (mm/dd/yyyy) below. | or yes and "N" for | no. If | N | | 125. 00 |
| 126.00 If this is a Medicare certified kidney transplant center, en in column 1 and termination date, if applicable, in column 2 | 2. | | | | 126. 00 |
| 127.00 f this is a Medicare certified heart transplant center, en in column 1 and termination date, if applicable, in column 2 | 2. | | | | 127. 00 |
| 128.00 f this is a Medicare certified liver transplant center, en in column 1 and termination date, if applicable, in column 1 129.00 f this is a Medicare certified lung transplant center, ento | 2. | | | | 128. 00 |
| column 1 and termination date, if applicable, in column 2. 130.00 f this is a Medicare certified pancreas transplant center, | | | | | 130.00 |
| date in column 1 and termination date, if applicable, in col 131.00 If this is a Medicare certified intestinal transplant center | | i cati on | | | 131. 00 |
| date in column 1 and termination date, if applicable, in col 132.00 If this is a Medicare certified islet transplant center, en | ter the certificati | on date | | | 132. 00 |
| in column 1 and termination date, if applicable, in column 2 133.00 Removed and reserved 134.00 If this is an organ procurement organization (0P0), enter the and termination date, if applicable, in column 2. | | olumn 1 | | | 133. 00 134. 00 |
| All Providers 140.00 Are there any related organization or home office costs as contained the chapter 10? Enter "Y" for yes or "N" for no in column 1. If are claimed, enter in column 2 the home office chain number. | yes, and home offi | ce costs | Y | 15H014 | 140. 00 |
| 1.00 2.0 | 00 | | 3.00 me and address | of the | |
| If this facility is part of a chain organization, enter on lines 141 through 143 the name and address o home office and enter the home office contractor name and contractor number. 41.00 Name: FRANCISCAN ALLIANCE, INC Contractor's Name: WISCONSIN PHYSICIAN Contractor's Number: 08101 | | | | | |
| SE | SCONSIN PHYSICIAN ERVICES | Contracto | 's Number: 0810 |)1 | 141. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL PO Box: | RVI CES | Contracto Zip Code: | 's Number: 0810 4654 | | 141. 00 142. 00 143. 00 |
| SE PO Box: | RVI CES | | | -6 | 142. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL PO Box: 143.00 City: MISHAWAKA State: IN | RVI CES | | | | 142. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL PO Box: State: IN 143.00 City: MISHAWAKA State: IN 144.00 Are provider based physicians' costs included in Worksheet A | ERVI CES I A? | Zip Code: | | 1.00 | 142. 00 143. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization | A? , are the costs for column 1. If colum | Zip Code: | 4654 | 1.00 Y | 142. 00 143. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL PO Box: State: IN 143.00 City: MISHAWAKA State: IN 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2. | A? , are the costs for column 1. If colum for this cost repo | Zip Code: | 4654 | 1.00 Y | 142. 00 143. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 1995, enter the approval date (mm/dd/yyyy) in column 2. | A? , are the costs for column 1. If colum for this cost reposes usly filed cost reposes 15-2, chapter 40, § | Zip Code: | 1. 00 | 1.00 Y | 142. 00 143. 00 144. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. yes, enter the approval date (mm/dd/yyyy) in column 2. | A? A? Are the costs for column 1. If colum for this cost reports usly filed cost reports 15-2, chapter 40, § | Zip Code: In 1 is porting port? §4020) If | 1. 00 | 1.00 Y 2.00 | 142. 00 143. 00 144. 00 145. 00 146. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. yes, enter the approval date (mm/dd/yyyy) in column 2. | A? A? Are the costs for column 1. If column for this cost reports to the cost of the cos | Zip Code: Inn 1 is porting port? §4020) If | 1. 00 N | 1.00 Y 2.00 | 142. 00 143. 00 144. 00 145. 00 |
| Additional Street: 1515 DRAGOON TRAIL | A? A? A? A? Are the costs for column 1. If column for this cost reportant for the cost reportant for the cost reportant for the cost reportant for the cost reportant for non-content for the cost reportant for non-content for the cost f | Zip Code: In 1 is porting port? Substitute of the control of the | 1.00 N Title V 3.00 ion of the lowe | 1.00 Y 2.00 1.00 N N N Title XIX 4.00 | 142. 00 143. 00 144. 00 145. 00 146. 00 147. 00 148. 00 |
| SE 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. yes, enter the approval date (mm/dd/yyyy) in column 2. 147.00 Was there a change in the statistical basis? Enter "Y" for 148.00 Was there a change in the order of allocation? Enter "Y" for 149.00 Was there a change to the simplified cost finding method? Enter Does this facility contain a provider that qualifies for an or charges? Enter "Y" for yes or "N" for no for each components. | A? | Zip Code: In 1 is porting port? 64020) If Part B 2.00 e applicat Part B. (| 1.00 N Title V 3.00 ion of the lowe See 42 CFR §413 N | 1.00 Y 2.00 1.00 N N N Title XIX 4.00 er of costs | 142. 00 143. 00 144. 00 145. 00 146. 00 147. 00 148. 00 149. 00 |
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| SE 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA 144.00 Are provider based physicians' costs included in Worksheet A 145.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in no, does the dialysis facility include Medicare utilization period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. yes, enter the approval date (mm/dd/yyyy) in column 2. 147.00 Was there a change in the statistical basis? Enter "Y" for 148.00 Was there a change in the order of allocation? Enter "Y" for 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no for each components of the subprovider of | A? | Zip Code: In 1 is porting port? Solution of the control of the c | no. Title V 3.00 ion of the lowe See 42 CFR \$413 N N N | 1.00 Y 2.00 1.00 N N N Title XIX 4.00 er of costs 3.13) N | 142. 00 143. 00 144. 00 145. 00 146. 00 147. 00 148. 00 149. 00 156. 00 157. 00 158. 00 159. 00 |
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| lealth Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu | | | | | | u of Form CM | S-2552-10 |
|---|---|-----------------------|---------|---|-----------|--------------|------------|
| OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0004 Period: From 01/0: To 12/3: | | | | Worksheet S Part I Date/Time P 5/30/2022 8 | repared: | | |
| | | | | | | 1.00 | |
| Multicampus | | | | | | 1. 00 | |
| 165.00 Is this hospital part of a Multic Enter "Y" for yes or "N" for no. | SAs? | N | 165. 00 | | | | |
| | Name | County | State | Zip Code | CBSA | FTE/Campus | 5 |
| | 0 | 1. 00 | 2. 00 | 3.00 | 4. 00 | 5. 00 | |
| 166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) | | | | | | 0. | 00 166. 00 |
| | | | | | | | |
| 11 1 1 1 C 11 T 1 1 (III | T) : | | D ' | | | 1.00 | |
| Health Information Technology (HI 167.00 sthis provider a meaningful use | | | | | | Υ | 167, 00 |
| 168.00 If this provider is a CAH (line 1 reasonable cost incurred for the | 05 is "Y") and is a me | eaningful user (line | | | the | ' | 168. 00 |
| 168.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) | not a meaningful user, | does this provider | | | shi p | | 168. 01 |
| 169.00 If this provider is a meaningful transition factor. (see instructi | | and is not a CAH (| ine 105 | | | | 99169. 00 |
| | | | | | gi nni ng | Endi ng | |
| 170 00 5 1 1 1 1 1 1 1 1 1 1 1 | | l' | | | 1. 00 | 2.00 | 170.00 |
| 170.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy) | beginning date and end | iing date for the rep | oorting | | | | 170. 00 |
| | | | | | 1. 00 | 2.00 | |
| 171.00 If line 167 is "Y", does this prosection 1876 Medicare cost plans "Y" for yes and "N" for no in col 1876 Medicare days in column 2. (| reported on Wkst. S-3, umn 1. If column 1 is | Pt. I, line 2, col. | 6? Ente | er | N N | 2.00 | 0 171. 00 |

| | Financial Systems FRANCISCAN HEA | | | | eu of Form CMS- | |
|-------------------------|---|------------------------------|-----------------|---|-----------------------|----------------------------|
| IOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provi der C | F | Period: From 01/01/2021 To 12/31/2021 | | |
| | | | | Y/N | 5/30/2022 8:0 Date |)9 pm |
| | | | | 1. 00 | 2.00 | |
| | General Instruction: Enter Y for all YES responses. Enter N | for all NO re | esponses. Enter | all dates in | the | |
| | mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS | | | | | + |
| | Provider Organization and Operation | | | | | |
| . 00 | Has the provider changed ownership immediately prior to the | | | N | | 1.0 |
| | reporting period? If yes, enter the date of the change in c | column 2. (see | | Doto | V/I | |
| | | | Y/N 1.00 | Date 2.00 | 3.00 | |
| . 00 | Has the provider terminated participation in the Medicare P | Program? If | N | 2.00 | 0.00 | 2. 0 |
| | yes, enter in column 2 the date of termination and in colum | nn 3, "V" for | | | | |
| 00 | voluntary or "I" for involuntary. Is the provider involved in business transactions, includin | na management | N | | | 3.0 |
| 00 | contracts, with individuals or entities (e.g., chain home o | | | | | 3.0 |
| | or medical supply companies) that are related to the provid | | | | | |
| | officers, medical staff, management personnel, or members o of directors through ownership, control, or family and othe | | | | | |
| | relationships? (see instructions) | :i Silliiai | | | | |
| | | | Y/N | Туре | Date | |
| | F: | | 1.00 | 2. 00 | 3. 00 | |
| 00 | Financial Data and Reports Column 1: Were the financial statements prepared by a Cert | ified Public | Υ | A | 05/06/2022 | 4.00 |
| 00 | Accountant? Column 2: If yes, enter "A" for Audited, "C" f | for Compiled, | ' | ^ | 03/00/2022 | 4.0 |
| | or "R" for Reviewed. Submit complete copy or enter date ava | | | | | |
| 00 | column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues diffe | ront from | N | | | E 0 |
| 00 | those on the filed financial statements? If yes, submit rec | | N | | | 5.00 |
| | these on the first financial statements. It yes, sabin the | | ' | Y/N | Legal Oper. | |
| | | | | 1. 00 | 2. 00 | |
| 00 | Approved Educational Activities Column 1: Are costs claimed for a nursing program? Column | 2. If yes is | the provider | Υ | Т | 6.00 |
| 00 | is the legal operator of the program? | 2. 11 yes, 13 | s the provider | ' | ' | 0.00 |
| 00 | Are costs claimed for Allied Health Programs? If "Y" see in | | | Υ | | 7. 00 |
| 00 | Were nursing programs and/or allied health programs approve | ed and/or renew | ved during the | Υ | | 8. 0 |
| 00 | cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved | graduate medic | cal education | Υ | | 9.00 |
| | program in the current cost report? If yes, see instruction | | | | | |
| 0. 00 | Was an approved Intern and Resident GME program initiated o | or renewed in t | the current | N | | 10. 0 |
| 1. 00 | cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I | & R in an Anr | proved | N | | 11. 0 |
| 1. 00 | Teaching Program on Worksheet A? If yes, see instructions. | a K III ali App | 71 | | | 11.0 |
| | | | | | Y/N | |
| | Bad Debts | | | | 1. 00 | |
| . 00 | Is the provider seeking reimbursement for bad debts? If yes | s. see instruct | tions. | | Υ | 12.0 |
| . 00 | If line 12 is yes, did the provider's bad debt collection p | | | t reporting | N | 13. 0 |
| | period? If yes, submit copy. | | · . | | | 44.0 |
| | If line 12 is yes, were patient deductibles and/or co-payme Bed Complement | ents warveur ii | yes, see mst | ructions. | N | 14. 0 |
| 1. 00 | | ng period? If | yes, see instr | uctions. | N | 15. 00 |
| | Did total beds available change from the prior cost reporti | | | Dar | rt B | |
| | Did total beds available change from the prior cost reporti | Par | rt A | | | |
| | Did total beds available change from the prior cost reporti | Par Y/N | Date | Y/N | Date | |
| | | Par | | | 4.00 | |
| 5. 00 | PS&R Data Was the cost report prepared using the PS&R Report only? | Par Y/N | Date | Y/N | | 16. 0 |
| . 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through | Y/N 1.00 | Date 2.00 | Y/N 3. 00 | 4. 00 | 16. 0 |
| 5. 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 (see | Y/N 1.00 | Date 2.00 | Y/N 3. 00 | 4. 00 | 16. 00 |
| . 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through | Y/N 1.00 | Date 2.00 | Y/N 3. 00 | 4. 00 | |
| . 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If | Par Y/N 1.00 | Date 2.00 | Y/N 3.00 | 4. 00 | |
| . 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date | Par Y/N 1.00 | Date 2.00 | Y/N 3.00 | 4. 00 | |
| 5. 00 5. 00 7. 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) | Y/N 1.00 Y | Date 2.00 | Y/N 3.00 Y | 4. 00 | 17.00 |
| o. 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date | Par Y/N 1.00 | Date 2.00 | Y/N 3.00 | 4. 00 | 17. 00 |
| o. 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this | Y/N 1.00 Y | Date 2.00 | Y/N 3.00 Y | 4. 00 | 17.00 |
| 5. 00 5. 00 7. 00 | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. | Par Y/N 1.00 Y N | Date 2.00 | Y/N 3.00 Y N | 4. 00 | 17. 00 18. 00 |
| | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this | Y/N 1.00 Y | Date 2.00 | Y/N 3.00 Y | 4. 00 | 16. 00 17. 00 18. 00 |

| Heal th | Financial Systems FRANCISCAN HE. | ALTH HAMMOND | | In Lie | u of Form CMS- | 2552-10 |
|---------|--|--|---------------|--|--|---------|
| | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provi der 0 | CCN: 15-0004 | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II Date/Time Pre 5/30/2022 8:0 | pared: |
| | | Descr | i pti on | Y/N | Y/N | |
| | 1011 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13 | | 0 | 1.00 | 3. 00 | 20.00 |
| 20. 00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments: | | | N | N | 20. 00 |
| | | Y/N | Date | Y/N | Date | |
| | I | 1.00 | 2. 00 | 3. 00 | 4. 00 | |
| 21. 00 | Was the cost report prepared only using the provider's records? If yes, see instructions. | N | | N | | 21. 00 |
| | | | | | 1. 00 | |
| | COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE | EPT CHILDRENS I | HOSPI TALS) | | | |
| 22. 00 | Capital Related Cost Have assets been relifed for Medicare purposes? If yes, see | o instructions | | | | 22. 00 |
| 23. 00 | Have changes occurred in the Medicare depreciation expense | ing the cost | | 23. 00 | | |
| 24. 00 | reporting period? If yes, see instructions. Were new leases and/or amendments to existing leases entere | ed into during | this cost re | eporting period? | | 24. 00 |
| 25. 00 | If yes, see instructions Have there been new capitalized leases entered into during | the cost repo | rting period? | Plf yes, see | | 25. 00 |
| 26. 00 | instructions. Were assets subject to Sec. 2314 of DEFRA acquired during the | he cost report | ing period? I | f yes, see | | 26. 00 |
| 27. 00 | instructions. Has the provider's capitalization policy changed during the | e cost reporti | ng period? If | yes, submit | | 27. 00 |
| | Copy. Interest Expense | | | | | |
| 28. 00 | Were new loans, mortgage agreements or letters of credit er period? If yes, see instructions. | | Ü | | | 28. 00 |
| 29. 00 | Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see instr | ructi ons | | ŕ | | 29. 00 |
| 30. 00 | Has existing debt been replaced prior to its scheduled maturinstructions. | , | , | | | 30.00 |
| 31. 00 | Has debt been recalled before scheduled maturity without is instructions. | ssuance of new | debt? If yes | s, see | | 31. 00 |
| 32. 00 | Purchased Services Have changes or new agreements occurred in patient care ser | rvices furnish | ed through co | ontractual | | 32. 00 |
| 33. 00 | arrangements with suppliers of services? If yes, see instructions. If line 32 is yes, were the requirements of Sec. 2135.2 approximately appro | | ng to competi | tive bidding? If | | 33. 00 |
| | Provi der-Based Physi ci ans | | | | | |
| 34. 00 | Are services furnished at the provider facility under an arlf yes, see instructions. | rrangement witl | h provider-ba | sed physicians? | | 34. 00 |
| 35. 00 | If line 34 is yes, were there new agreements or amended exiphysicians during the cost reporting period? If yes, see in | | nts with the | provi der-based | | 35. 00 |
| | | | | Y/N | Date | |
| | Home Office Costs | | | 1. 00 | 2. 00 | |
| 36. 00 | Were home office costs claimed on the cost report? | | | | | 36. 00 |
| 37. 00 | If line 36 is yes, has a home office cost statement been pr | repared by the | home office? | , | | 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 | ļ · · · · · · · · · · · · · · · · · · · | | | 5, | | 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 |
| | i nstructi ons. | | | | | |
| | | 1. | . 00 | 2. | 00 | |
| | Cost Report Preparer Contact Information | st Report Preparer Contact Information | | | | |
| 41. 00 | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | GLENN | | JOHNSON | | 41. 00 |
| 42. 00 | respectively. Enter the employer/company name of the cost report preparer. | FRANCI SCAN HEA | ALTH | | | 42. 00 |
| 43. 00 | | 219-407-6386 | | GLENN. JOHNSON@I ANCE. ORG | FRANCI SCANALLI | 43. 00 |
| | | | | | | |

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| Period: | Worksheet S-3 | From 01/01/2021 | Part | To 12/31/2021 | Date/Time Prepared:
 Heal th Financial
 Systems
 FRANCIS

 HOSPITAL
 AND
 HOSPITAL
 HEALTH CARE COMPLEX
 STATISTICAL
 DATA
 Provider CCN: 15-0004

| Component Worksheet A Line Number No. of Beds Red Days No. No. of Beds Red Days No. | | | | | | | То | 12/31/2021 | Date/Time Pre | | |
|--|--------|--|-------------|----|-----------|----------|----|-------------|---------------|--------|--------|
| Component | | · | | | | | | | | | рііі |
| Component | | | | | | | | | | | |
| 1.00 | | Component | Worksheet A | No | of Reds | Bed Days | | | | + | |
| 1.00 | | osiiiporierre | | " | . OI DOGS | , | | oran nour s | 11 110 1 | | |
| 1.00 | | | | | 2.00 | | | 4. 00 | 5. 00 | $^{+}$ | |
| 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) | 1. 00 | Hospital Adults & Peds. (columns 5, 6, 7 and | | | | | 31 | | 1 1 1 | 1 | 1. 00 |
| Hospice days) (see instructions for col. 2 | | | | | | | | | | | |
| 2.00 HMC and other (see instructions) 3.00 HMC IPF Subprovi der 4.00 4.00 4.00 HMC IRF Subprovi der 6.00 Hospi tal Adult s & Peds. Swing Bed SNF 6.00 Hospi tal Adult s & Peds. Swing Bed NF 7.00 Total Adult s and Peds. (exclude observation beds) (see instructions) 10.00 BURN INTENSI VE CARE UNIT 1 10 10.00 BURN INTENSI VE CARE UNIT 1 10 10.00 BURN INTENSI VE CARE UNIT 1 11 10.00 BURN INTENSI VE CARE UNIT 1 11 10.00 SUBSIGAL INTENSI VE CARE UNIT 1 11 10.00 Total (see instructions) 10 14.00 Total (see instructions) 10 15.00 CAR VI sits 1 10 16.00 SUBSIROVI DER - IPF 1 10 17.00 SUBSIROVI DER - IRF 1 10 18.00 SUBSIROVI DER INTENSI VE CARE UNIT 1 17 19.00 SKILLED NURSI NG FACILITY 1 10 19.00 SKILLED NURSI NG FACILITY 1 10 10.00 SUBSIROVI DER 1 10 10.00 Total (see Instructions) 10 10.00 ON FIRE LORD TERM CARE 1 10 10.00 TOTAL CONTROL C | | | | | | | | | | | |
| 3.00 HMO IPF Subprovider | | for the portion of LDP room available beds) | | | | | | | | | |
| 4.00 HMO IRF Subprovider | 2.00 | HMO and other (see instructions) | | | | | | | | | 2.00 |
| 5.00 Hospi tal Adult s & Peds. Swing Bed NF 0 5.00 0.00 | 3.00 | HMO IPF Subprovider | | | | | | | | 1 | 3.00 |
| 6.00 Hospital Adults & Peds. Swing Bed NF | 4.00 | HMO IRF Subprovider | | | | | | | | | 4.00 |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 10 39,531 0.00 0 7.00 8.00 INTENSIVE CARE UNIT 31.00 0 5,000 0.00 0 8.00 9.00 CORONARY CARE UNIT 10.00 10. | 5.00 | Hospital Adults & Peds. Swing Bed SNF | | | | | | | 0 | | 5.00 |
| Deds) (see instructions) See S | 6.00 | Hospital Adults & Peds. Swing Bed NF | | | | | | | 0 | | 6.00 |
| 8. 00 | 7.00 | Total Adults and Peds. (exclude observation | | | 10 | 39, 53 | 31 | 0.00 | 0 | | 7.00 |
| 9. 00 CORONARY CARE UNIT 10. 00 BURN INTENSIVE CARE UNIT 11. 00 SURGICAL INTENSIVE CARE UNIT 12. 00 NEWBORN INTENSIVE CARE UNIT 13. 00 NEWBORN INTENSIVE CARE UNIT 13. 00 NORSERY 43. 00 14. 00 Total (see instructions) 15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 40. 00 46 16. 790 17. 00 SUBPROVIDER - IRF 18. 00 19. 00 SKILLED NURSING FACILITY 44. 00 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 22. 00 19. 00 19. 00 20. 00 19. 00 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 10 HOSPICE (con-distinct part) 25. 10 CMHC - CMHC 25. 10 CMHC - CMHC 26. 00 RURSI HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 29. 00 31. 00 Employee di scount days - IRF 20. 00 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 I Total nancillary labor & delivery room outpatient days (see instructions) | | beds) (see instructions) | | | | | | | | | |
| 10. 00 BURN INTENSIVE CARE UNIT | 8.00 | INTENSIVE CARE UNIT | 31. 00 | | 0 | 5, 00 | 00 | 0.00 | 0 | | 8.00 |
| 11. 00 SURGICAL INTENSIVE CARE UNIT 35. 00 0 2,504 0. 00 0 12. 00 12. 00 NURSERY 43. 00 0 13. 00 14. 00 15. 00 CAH VISITS CARE UNIT 35. 00 0 47,035 0. 00 0 14. 00 15. 00 CAH VISITS CARE UNIT 43. 00 16. 00 0 16. 00 0 16. 00 0 17. 00 SUBPROVIDER - IPF 40. 00 46 16,790 0 16. 00 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER 18. 00 0 0 0 0 0 0 19. 00 1 | 9.00 | CORONARY CARE UNIT | | | | | | | | | 9.00 |
| 12. 00 NEWBORN INTENSIVE CARE UNIT | 10.00 | BURN INTENSIVE CARE UNIT | | | | | | | | ' | 10. 00 |
| 13. 00 NURSERY 43. 00 10 47, 035 0. 00 0 13. 00 14. 00 15. 00 14. 00 15. 00 15. 00 14. 00 15. 00 15. 00 15. 00 16. 00 15. 00 16. 00 16. 00 17. 00 SUBPROVI DER - I RF 40. 00 46 16, 790 16. 00 17. 00 SUBPROVI DER - I RF 18. 00 SUBPROVI DER 18. 00 18. 00 19. 00 SKI LLED NURSI NG FACILITY 44. 00 0 0 0 0 0 0 0 0 0 | 11. 00 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | ' | 11. 00 |
| 14. 00 Total (see instructions) 15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 19. 00 SKILLED NURSING FACILITY 19. 00 OTHER LONG TERM CARE 19. 00 OTHER LONG TERM CARE 20. 00 HOME HEALTH AGENCY 21. 00 22. 00 HOSPI CE 24. 10 HOSPI CE 24. 10 HOSPI CE (non-distinct part) 25. 00 CMHC - CMHC 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trip s 30. 00 31. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 33. 00 LTOH non-covered days 33. 00 LTOH non-covered days 33. 00 LTOH non-covered days 30. 01 Ado (a.00) 44. 00 45. 00 CAH visits 40. 00 46. 16, 790 46. 16, 790 46. 16, 790 47. 00 48. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 12.00 | NEWBORN INTENSIVE CARE UNIT | 35. 00 | | 0 | 2, 50 |)4 | 0.00 | 0 |) | 12. 00 |
| 15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 19. 00 SKILLED NURSING FACILITY 19. 00 SKILLED NURSING FACILITY 19. 00 ON NURSING FACILITY 19. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 10 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 RURAL HEALTH CLINIC 28. 00 RURAL HEALTH CLINIC 29. 00 RURAL HEALTH CLINIC 29. 00 Observation Bed Days 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 34. 00 O SUBPROVIDER - IRF 34. 00 O SUBPROVIDER - IRF 34. 00 O O O O O O O O O O O O O O O O O O | 13.00 | NURSERY | 43. 00 | | | | | | 0 |) | 13. 00 |
| 16. 00 SUBPROVIDER - IPF | 14.00 | Total (see instructions) | | | 10 | 47, 03 | 35 | 0.00 | 0 |) | 14. 00 |
| 17. 00 SUBPROVIDER - IRF 17. 00 18. 00 SUBPROVIDER 18. 00 SUBPROVIDER 18. 00 18. 00 18. 00 19. 00 | 15.00 | CAH visits | | | | | | | 0 |) | 15. 00 |
| 18. 00 SUBPROVI DER | 16.00 | SUBPROVI DER - I PF | 40. 00 | | 46 | 16, 79 | 90 | | 0 |) | 16. 00 |
| 19.00 SKILLED NURSING FACILITY | 17. 00 | SUBPROVI DER - I RF | | | | | | | | ' | 17. 00 |
| 20.00 NURSING FACILITY | 18.00 | SUBPROVI DER | | | | | | | | ' | 18. 00 |
| 21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D. P.) 24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambul ance Tri ps 30.00 29.00 Employee discount days (see instruction) 31.00 Employee discount days (see instructions) 31.00 Labor & delivery days (see instructions) 31.00 LTCH non-covered days 21.00 22.00 23.00 23.00 24.10 24.00 24.10 25.00 29.00 29.00 30.00 56 27.00 0 26.00 28.00 0 26.25 27.00 0 28.00 29.00 30.00 Employee discount days (see instruction) 31.00 29.00 30.00 31.00 Employee discount days (see instructions) 31.00 32.01 33.00 LTCH non-covered days | 19.00 | SKILLED NURSING FACILITY | 44. 00 | | 0 | | 0 | | 0 |) | 19. 00 |
| 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 25.10 CMHC - CORF 26.00 RURAL HEALTH CLINIC 26.00 RURAL HEALTH CLINIC 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 33.00 | 20.00 | NURSING FACILITY | 45. 00 | | 0 | | 0 | | 0 |) : | 20. 00 |
| 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 00 HOSPICE 24. 00 24. 00 24. 10 HOSPICE (non-distinct part) 30. 00 25. 00 CMHC - CMHC 99. 00 25. 10 CMHC - CORF 99. 10 26. 00 RURAL HEALTH CLINIC 88. 00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 89. 00 27. 00 Total (sum of lines 14-26) 56 27. 00 Observati on Bed Days 99. 00 28. 00 Ambul ance Trips 59. 00 30. 00 Employee discount days (see instruction) 31. 00 31. 00 Employee discount days (see instructions) 30. 00 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 00 | 21.00 | OTHER LONG TERM CARE | | | | | | | | : | 21. 00 |
| 24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 25. 00 CMHC - CORF 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 21. 00 22. 00 23. 00 24. 10 24. 10 24. 10 24. 10 24. 10 24. 10 25. 10 26. 00 27. 00 28. 00 29. 10 26. 00 26. 00 27. 00 28. 00 28. 00 29. 00 Ambul ance Trips 29. 00 31. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 30. 00 30. 00 LTCH non-covered days 30. 00 30. 0 | 22. 00 | HOME HEALTH AGENCY | 101. 00 | | | | | | 0 |) : | 22. 00 |
| 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 25. 00 CMHC - CORF 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 26. 25 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 30. 00 Labor & delivery days (see instructions) 31. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 24. 10 99. 00 99. 00 99. 10 88. 00 25. 10 89. 00 26. 25 27. 00 26. 25 27. 00 28. 00 29. 00 30. 00 30. 00 31. 00 32. 00 32. 01 33. 00 32. 01 33. 00 33. 00 34. 10 35. 10 36. 10 37. 10 38. 00 38. 00 38. 00 39. 00 39. 00 30. 0 | 23. 00 | AMBULATORY SURGICAL CENTER (D. P.) | | | | | | | | : | 23. 00 |
| 25. 00 CMHC - CMHC 25. 10 CMHC - CORF 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL USUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 30. 00 Intellary labor & delivery room outpatient days (see instructions) 31. 00 LTCH non-covered days 32. 00 LTCH non-covered days | 24.00 | HOSPI CE | | | | | | | | : | 24. 00 |
| 25. 10 CMHC - CORF 99. 10 26. 00 RURAL HEALTH CLINIC 88. 00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 89. 00 27. 00 Total (sum of lines 14-26) 56 28. 00 Observation Bed Days 29. 00 Ambul ance Tri ps 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 00 | 24. 10 | HOSPICE (non-distinct part) | 30. 00 | | | | | | | : | 24. 10 |
| 26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days | 25.00 | CMHC - CMHC | 99. 00 | | | | | | 0 |) : | 25. 00 |
| 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 89.00 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days | 25. 10 | CMHC - CORF | 99. 10 | | | | | | 0 |) : | 25. 10 |
| 27. 00 Total (sum of lines 14-26) 27. 00 28. 00 28. 00 28. 00 29. 00 2 | 26.00 | RURAL HEALTH CLINIC | 88. 00 | | | | | | 0 |) : | 26. 00 |
| 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 31. 00 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 00 | 26. 25 | FEDERALLY QUALIFIED HEALTH CENTER | 89. 00 | | | | | | 0 |) : | 26. 25 |
| 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 29.00 30.00 30.00 30.00 31.00 32.00 32.00 32.00 32.01 | 27. 00 | Total (sum of lines 14-26) | | | 56 | | | | | | 27. 00 |
| 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 30.00 0 0 32.01 32.00 33.00 | 28. 00 | Observation Bed Days | | | | | | | 0 |) : | 28. 00 |
| 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 31.00 0 0 0 32.00 32.01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 29. 00 | Ambul ance Tri ps | | | | | | | | : | 29. 00 |
| 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days | 30.00 | | | | | | | | | ; | 30. 00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 32.01 | 31. 00 | Employee discount days - IRF | | | | | | | | ; | 31. 00 |
| outpati ent days (see instructions) 33.00 LTCH non-covered days 33.00 | 32.00 | Labor & delivery days (see instructions) | | | 0 | | 0 | | | 1: | 32. 00 |
| 33.00 LTCH non-covered days 33.00 | 32. 01 | Total ancillary labor & delivery room | | | | | | | | ; | 32. 01 |
| | | | | | | | | | | | |
| 33.01 LTCH site neutral days and discharges | | , | | | | | | | | | |
| | 33. 01 | LTCH site neutral days and discharges | | | | | | | | ; | 33. 01 |

In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 01/01/2021 Part I
To 12/31/2021 Date/Time Prepared:
5/30/2022 8:09 pm

| | | | | | | 5/30/2022 8:0 | 9 pm |
|--------|---|-------------|----------------|-----------------------|------------------------------|-------------------------|----------|
| | | I/P Days | s / O/P Visits | / Trips | Full Time I | Equi val ents | |
| | Component | Title XVIII | Title XIX | Total All Patients | Total Interns & Residents | Employees On Payroll | |
| | | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10.00 | |
| 1.00 | Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and | 3, 746 | 2, 692 | 11, 606 | | | 1. 00 |
| | Hospice days) (see instructions for col. 2 | | | | | | |
| | for the portion of LDP room available beds) | | | | | | |
| 2.00 | HMO and other (see instructions) | 4, 285 | 1, 491 | | | | 2. 00 |
| 3.00 | HMO IPF Subprovider | 460 | 0 | | | | 3. 00 |
| 4.00 | HMO IRF Subprovider | 0 | 0 | | | | 4. 00 |
| 5.00 | Hospital Adults & Peds. Swing Bed SNF | 0 | 0 | 0 | | | 5. 00 |
| 6.00 | Hospital Adults & Peds. Swing Bed NF | | 0 | 0 | | | 6. 00 |
| 7. 00 | Total Adults and Peds. (exclude observation | 3, 746 | 2, 692 | 11, 606 | | | 7. 00 |
| 8. 00 | beds) (see instructions) INTENSIVE CARE UNIT | 550 | 151 | 1, 987 | | | 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 | NEWBORN INTENSIVE CARE UNIT | o | О | 257 | | | 12.00 |
| 13.00 | NURSERY | | 452 | 638 | | | 13. 00 |
| 14.00 | Total (see instructions) | 4, 296 | 3, 295 | 14, 488 | 4. 49 | 639.00 | 14. 00 |
| 15.00 | CAH visits | o | o | 0 | | | 15. 00 |
| 16.00 | SUBPROVI DER - I PF | 663 | 3, 309 | 7, 498 | 0.00 | 14. 60 | 16. 00 |
| 17.00 | SUBPROVI DER - I RF | | | | | | 17. 00 |
| 18.00 | SUBPROVI DER | | | | | | 18. 00 |
| 19.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0.00 | 0.00 | 19. 00 |
| 20.00 | NURSING FACILITY | | 0 | 0 | 0.00 | 0.00 | 20. 00 |
| 21. 00 | OTHER LONG TERM CARE | | | | | | 21. 00 |
| 22. 00 | HOME HEALTH AGENCY | 26, 837 | 0 | 52, 409 | 0.00 | 70. 10 | |
| 23. 00 | AMBULATORY SURGICAL CENTER (D. P.) | | | | | | 23. 00 |
| 24. 00 | HOSPI CE | | | | | | 24. 00 |
| 24. 10 | HOSPICE (non-distinct part) | | | 0 | | | 24. 10 |
| 25. 00 | CMHC - CMHC | 0 | 0 | 0 | 0.00 | l | |
| 25. 10 | CMHC - CORF | 0 | 0 | 0 | 0.00 | | 25. 10 |
| 26. 00 | RURAL HEALTH CLINIC | 0 | 0 | 0 | | | 26. 00 |
| 26. 25 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0.00 | | 26. 25 |
| 27. 00 | Total (sum of lines 14-26) | | | | 4. 49 | 723. 70 | 27. 00 |
| 28. 00 | Observation Bed Days | _ | 416 | 3, 817 | | | 28. 00 |
| 29. 00 | Ambul ance Tri ps | 0 | | _ | | | 29. 00 |
| 30.00 | Employee discount days (see instruction) | | | 0 | | | 30. 00 |
| 31. 00 | Employee discount days - IRF | _ | | 0 | | | 31.00 |
| 32.00 | Labor & delivery days (see instructions) | 0 | 95 | 889 | | | 32.00 |
| 32. 01 | Total ancillary labor & delivery room | | | 0 | | | 32. 01 |
| 33. 00 | outpatient days (see instructions) | o | | | | | 33.00 |
| | LTCH non-covered days LTCH site neutral days and discharges | 0 | | | | | 33.00 |
| 33.01 | LEIGH SI LE HEUTHAL WAYS AND UISCHALGES | ᅵ | l | | | l | J 33. UT |

 Heal th Financial
 Systems
 FRANCISO

 HOSPITAL
 AND
 HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
 Provider CCN: 15-0004

| | | | | To | 0 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|----------------|---|---------------|-------------|-------------|--------------|-----------------------------|--------|
| | | Full Time | Di scharges | | | | |
| | | 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 | | (| 893 | 603 | 3, 124 | 1. 00 |
| | 8 exclude Swing Bed, Observation Bed and | | | | | | |
| | Hospice days) (see instructions for col. 2 | | | | | | |
| 2 00 | for the portion of LDP room available beds) | | | 0 | 0 | | 2. 00 |
| 2.00 | HMO and other (see instructions) | | | 0 | 0 | | 3. 00 |
| 3. 00 4. 00 | HMO IPF Subprovider HMO IRF Subprovider | + | | | 0 | | 4. 00 |
| 5. 00 | • | + | | | U | | 5. 00 |
| 6. 00 | Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF | + | | | | | 6. 00 |
| 7. 00 | Total Adults and Peds. (exclude observation | | | | | | 7. 00 |
| 7.00 | beds) (see instructions) | | | | | | 7.00 |
| 8. 00 | INTENSIVE CARE UNIT | | | | | | 8. 00 |
| 9. 00 | CORONARY CARE UNIT | | | | | | 9. 00 |
| 10. 00 | BURN INTENSIVE CARE UNIT | | | | | | 10. 00 |
| 11. 00 | SURGICAL INTENSIVE CARE UNIT | | | | | | 11. 00 |
| 12. 00 | NEWBORN INTENSIVE CARE UNIT | | | | | | 12. 00 |
| 13. 00 | NURSERY | | | | | | 13. 00 |
| 14. 00 | Total (see instructions) | 0. 00 | (| 893 | 603 | 3, 124 | |
| 15. 00 | CAH visits | 5. 55 | | | | -, · <u>-</u> · | 15. 00 |
| 16. 00 | SUBPROVIDER - IPF | 0. 00 | (| 83 | 702 | 1, 614 | 16. 00 |
| 17. 00 | SUBPROVIDER - IRF | | | | | • | 17. 00 |
| 18.00 | SUBPROVI DER | | | | | | 18. 00 |
| 19.00 | SKILLED NURSING FACILITY | 0.00 | | | | | 19. 00 |
| 20.00 | NURSING FACILITY | 0. 00 | | | | | 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 | 0. 00 | | | | | 25. 00 |
| 25. 10 | CMHC - CORF | 0. 00 | | | | | 25. 10 |
| 26. 00 | RURAL HEALTH CLINIC | 0. 00 | | | | | 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 |
| 22.00 | outpatient days (see instructions) | | | | | | 22.00 |
| 33.00 | LTCH non-covered days | | | 0 | | | 33. 00 |
| 33.01 | LTCH site neutral days and discharges | | | 0 | | | 33. 01 |

| Peri od: | Worksheet S-3 | From 01/01/2021 | Part II | To 12/31/2021 | Date/Time Prepared: Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0004

| | | | | | To | 12/31/2021 | Date/Time Prep 5/30/2022 8:00 | |
|------------------|---|------------------------|--------------------|---|------------------|---|---|------------------|
| | | Wkst. A Line Number | Amount Reported | Reclassificati on of Salaries (from Wkst. | | Paid Hours Related to Salaries in | Average Hourly Wage (col. 4 ÷ col. 5) | |
| | | | | A-6) | 3) | col. 4 | ŕ | |
| | PART II - WAGE DATA | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | 6. 00 | |
| | SALARI ES | | 74 (05 000 | 107.01 | T 0 1 | | | |
| 1. 00 | Total salaries (see instructions) | 200. 00 | 71, 635, 030 | 137, 344 | 71, 772, 374 | 1, 877, 442. 00 | 38. 23 | 1. 00 |
| 2.00 | Non-physician anesthetist Part | | C | C | 0 | 0.00 | 0. 00 | 2. 00 |
| 3.00 | Non-physician anesthetist Part | | C | C | 0 | 0.00 | 0.00 | 3. 00 |
| 4. 00 | Physician-Part A - Administrative | | C | C | 0 | 0. 00 | 0.00 | 4. 00 |
| 4. 01 5. 00 | Physicians - Part A - Teaching Physician and Non | | C C | | 0 0 | 0. 00 0. 00 | 1 | |
| 6. 00 | Physician-Part B Non-physician-Part B for hospital-based RHC and FQHC | | C | C | О | 0.00 | 0. 00 | 6. 00 |
| 7. 00 | services Interns & residents (in an approved program) | 21. 00 | C | C | 0 | 0. 00 | 0. 00 | 7. 00 |
| 7. 01 | Contracted interns and residents (in an approved | | C | C | 0 | 0.00 | 0.00 | 7. 01 |
| 8. 00 | programs) Home office and/or related organization personnel | | 14, 931, 965 | S C | 14, 931, 965 | 372, 295. 00 | 40. 11 | 8. 00 |
| 9. 00 10. 00 | SNF Excluded area salaries (see instructions) | 44. 00 | 8, 800, 570 |) | 9, 016, 362 | 0. 00 200, 466. 00 | | 9. 00 10. 00 |
| 11. 00 | OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient | | 1, 469, 036 | | 1, 469, 036 | 13, 618. 00 | 107. 87 | 11. 00 |
| 12. 00 | Care Contract Labor: Top Level | | | | | 0.00 | | 12. 00 |
| 12.00 | management and other management and administrative services | | C | , | J | 0.00 | 0.00 | 12.00 |
| 13. 00 | Contract Labor: Physician-Part A - Administrative | | 42, 384 | C | 42, 384 | 309. 00 | 137. 17 | 13. 00 |
| 14. 00 | Home office and/or related organization salaries and wage-related costs | | C | O | 0 | 0.00 | 0.00 | 14. 00 |
| 14. 01 | Home office salaries | | 11, 199, 394 | C | 11, 199, 394 | 279, 232. 00 | | 14. 01 |
| 14. 02 15. 00 | Related organization salaries Home office: Physician Part A | | C |) C | 0 | 0. 00 0. 00 | 1 | |
| | - Administrative | | | | | | | |
| 16. 00 | Home office and Contract Physicians Part A - Teaching | | C | C | O | 0. 00 | 0.00 | 16. 00 |
| 16. 01 | Home office Physicians Part A - Teaching | | C | C | 0 | 0.00 | 0.00 | 16. 01 |
| 16. 02 | Home office contract Physicians Part A - Teaching | | C | C | 0 | 0. 00 | 0. 00 | 16. 02 |
| 17. 00 | WAGE-RELATED COSTS Wage-related costs (core) (see | | 19, 426, 945 | 6 C | 19, 426, 945 | | | 17. 00 |
| 18. 00 | instructions) Wage-related costs (other) (see instructions) | | | | | | | 18. 00 |
| 19. 00 20. 00 | Excluded areas Non-physician anesthetist Part | | 2, 720, 930 0 | | 2, 720, 930 0 | | | 19. 00 20. 00 |
| 21. 00 | A Non-physician anesthetist Part | | C |) C | 0 | | | 21. 00 |
| 22. 00 | B Physician Part A - | | C | C | О | | | 22. 00 |
| 22. 01 | Administrative Physician Part A - Teaching | | C |) c | О | | | 22. 01 |
| 23.00 | Physician Part B | | C | C | 0 | | | 23. 00 24. 00 |
| 24. 00 25. 00 | Wage-related costs (RHC/FQHC) Interns & residents (in an | | C | | 0 | | | 25. 00 |
| 25. 50 | approved program) Home office wage-related | | 3, 411, 836 | C | 3, 411, 836 | | | 25. 50 |
| 25. 51 | (core) Related organization | | C | C | O | | | 25. 51 |
| 25. 52 | wage-related (core) Home office: Physician Part A - Administrative - | | C | C | О | | | 25. 52 |
| | wage-related (core) | | | 1 | | | | |

HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0004 Peri od: Worksheet S-3 From 01/01/2021 Part II 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Wkst. A Line Amount Recl assi fi cati Adj usted Paid Hours Average Hourly Number on of Salaries Sal ari es Related to Wage (col. 4 Reported col . 5) (from Wkst. (col. 2 ± col. Salaries in A-6)3) col. 4 2.00 1.00 5.00 6.00 3.00 4.00 25.53 Home office: Physicians Part A 0 25.53 - Teaching - wage-related (core) OVERHÉAD COSTS - DIRECT SALARIES 26.00 4 00 998, 298 998, 298 26.00 Employee Benefits Department 60, 501, 00 16, 50 27.00 Administrative & General 5.00 18, 464, 776 0 18, 464, 776 860, 492. 00 21. 46 27.00 28.00 Administrative & General under 808, 617 808, 617 6, 740. 00 119. 97 28.00 contract (see inst.) Maintenance & Repairs 6.00 29.00 0.00 0.00 29.00 1, 370, 987 Operation of Plant 1, 370, 987 0 37, 216. 00 36. 84 30.00 7.00 30.00 31.00 Laundry & Linen Service 8.00 275, 785 0 275, 785 14, 718.00 18.74 31.00 75, 927. 00 32.00 Housekeepi ng 9.00 1, 317, 754 1, 317, 754 17. 36 32.00 33.00 Housekeeping under contract 0.00 C 0.00 33.00 (see instructions) 34.00 Di etary 10.00 969, 266 -670, 434 298, 832 12, 016. 00 24.87 34.00 Di etary under contract (see instructions) 0.00 35.00 0.00 35.00 34, 914. 00 19. 20 36, 00 Cafeteri a 11.00 0 670, 434 670, 434 36.00 Maintenance of Personnel 0.00 37.00 12.00 0.00 37.00 38.00 Nursing Administration 13.00 1, 700, 507 1, 700, 507 37, 012. 00 45. 94 38.00 4, 982. 00 39.00 Central Services and Supply 14.00 131, 271 26. 35 39.00 131, 271 44. 19 2, 795, 045 2, 716, 597 61, 479. 00 40.00 40.00 Pharmacy 15.00 -78, 448

54, 662

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54, 662

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0

ol

1, 529. 00

0.00

0.00

35. 75 41. 00

0.00 42.00

0.00 43.00

16.00

17.00

18.00

41.00

42.00

Medical Records & Medical

Records Library Social Service

43.00 Other General Service

| In Lieu of Form CMS-2552-10 | Period: | Worksheet S-3 | From 01/01/2021 | Part III | To 12/31/2021 | Date/Time Prepared: | 5/30/2022 8:09 pm Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0004

| | | | | | | | 5/30/2022 8:09 | y pili |
|------|--------------------------------|-------------|--------------|-------------------|---------------|-----------------|----------------|-------------------|
| | | Worksheet A | Amount | Recl assi fi cati | Adj usted | Pai d Hours | Average Hourly | |
| | | Line Number | Reported | on of Salaries | Sal ari es | Related to | Wage (col. 4 ÷ | |
| | | | | (from | (col.2 ± col. | Salaries in | col. 5) | |
| | | | | Worksheet A-6) | 3) | col. 4 | | |
| | | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | 6. 00 | |
| | PART III - HOSPITAL WAGE INDEX | SUMMARY | | | | | | |
| 1.00 | Net salaries (see | | 57, 511, 682 | 137, 344 | 57, 649, 026 | 1, 511, 887. 00 | 38. 13 | 1.00 |
| | instructions) | | | | | | | |
| 2.00 | Excluded area salaries (see | | 8, 800, 570 | 215, 792 | 9, 016, 362 | 200, 466. 00 | 44. 98 | 2.00 |
| | instructions) | | | | | | | |
| 3.00 | Subtotal salaries (line 1 | | 48, 711, 112 | -78, 448 | 48, 632, 664 | 1, 311, 421. 00 | 37. 08 | 3.00 |
| | minus line 2) | | | | | | | |
| 4.00 | Subtotal other wages & related | | 12, 710, 814 | 0 | 12, 710, 814 | 293, 159. 00 | 43. 36 | 4.00 |
| | costs (see inst.) | | | | | | | |
| 5.00 | Subtotal wage-related costs | | 22, 838, 781 | 0 | 22, 838, 781 | 0.00 | 46. 96 | 5.00 |
| | (see inst.) | | | | | | | |
| 6.00 | Total (sum of lines 3 thru 5) | | 84, 260, 707 | -78, 448 | 84, 182, 259 | 1, 604, 580. 00 | 52. 46 | 6.00 |
| 7.00 | Total overhead cost (see | | 28, 886, 968 | -78, 448 | 28, 808, 520 | 1, 207, 526. 00 | 23. 86 | 7.00 |
| | instructions) | | | | | | | |

| FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---------------------------|-----------------|---------------------------------|
| Provi der CCN: 15-0004 | Peri od: | Worksheet S-3 |
| | From 01/01/2021 | |
| _ | | Provi der CCN: 15-0004 Peri od: |

| | To 12/31/2021 | Date/Time Prep 5/30/2022 8:00 | |
|--------|---|-------------------------------|--------|
| | | Amount | |
| | | Reported | |
| | | 1. 00 | |
| | PART IV - WAGE RELATED COSTS | | |
| | Part A - Core List | | l |
| | RETI REMENT COST | | l |
| 1.00 | 401K Employer Contributions | 1, 817, 028 | 1.00 |
| 2.00 | Tax Sheltered Annuity (TSA) Employer Contribution | 0 | 2.00 |
| 3.00 | Nonqualified Defined Benefit Plan Cost (see instructions) | 0 | 3. 00 |
| 4.00 | Qualified Defined Benefit Plan Cost (see instructions) | 6, 189, 857 | 4. 00 |
| | PLAN ADMINISTRATIVE COSTS (Paid to External Organization) | | 1 |
| 5.00 | 401K/TSA Plan Administration fees | 0 | 5.00 |
| 6.00 | Legal /Accounting/Management Fees-Pension Plan | 0 | 6. 00 |
| 7.00 | Employee Managed Care Program Administration Fees | 0 | 7. 00 |
| | HEALTH AND INSURANCE COST | | |
| 8.00 | Health Insurance (Purchased or Self Funded) | 0 | 8.00 |
| 8. 01 | Health Insurance (Self Funded without a Third Party Administrator) | 0 | 8. 01 |
| 8. 02 | Health Insurance (Self Funded with a Third Party Administrator) | 8, 403, 201 | 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 | 333, 042 | 10.00 |
| 11. 00 | Life Insurance (If employee is owner or beneficiary) | 0 | 11. 00 |
| | Accident Insurance (If employee is owner or beneficiary) | 0 | 12.00 |
| | Disability Insurance (If employee is owner or beneficiary) | 0 | 13.00 |
| | Long-Term Care Insurance (If employee is owner or beneficiary) | 0 | 14. 00 |
| 15. 00 | | 0 | 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 | | 1 |
| 17. 00 | FICA-Employers Portion Only | 5, 404, 748 | 17. 00 |
| 18. 00 | Medicare Taxes - Employers Portion Only | 0 | 18. 00 |
| | Unemployment Insurance | 0 | 19. 00 |
| 20.00 | State or Federal Unemployment Taxes | 0 | 20.00 |
| | OTHER | | 1 |
| 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 | Tui ti on Rei mbursement | 0 | 23. 00 |
| 24. 00 | Total Wage Related cost (Sum of lines 1 -23) | 22, 147, 876 | 24. 00 |
| | Part B - Other than Core Related Cost | | |
| 25. 00 | OTHER WAGE RELATED COSTS (SPECIFY) | | 25. 00 |
| | | ' | |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lieu of Form CMS-2552-10 |
|--|---------------------------|--|
| HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provi der CCN: 15-0004 | Peri od: Worksheet S-3 From 01/01/2021 Part V |
| | | To 12/31/2021 Part V |

| | | 1011 01/01/2021 | I al t v | |
|--------|---|-----------------|-----------------------------|--------|
| | | Го 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
| | Cost Center Description | Contract Labor | | • |
| | | 1. 00 | 2. 00 | |
| | PART V - Contract Labor and Benefit Cost | | | |
| | Hospital and Hospital-Based Component Identification: | | | |
| 1.00 | Total facility's contract labor and benefit cost | 0 | 0 | 1. 00 |
| 2.00 | Hospi tal | 0 | 0 | 2. 00 |
| 3.00 | Subprovi der - I PF | 0 | 0 | 3. 00 |
| 4.00 | Subprovi der - I RF | | | 4. 00 |
| 5.00 | Subprovi der - (0ther) | 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 | 0 | 0 | 8. 00 |
| 9. 00 | Hospi tal -Based NF | 0 | 0 | 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 |
| | Hospi tal -Based Hospi ce | | | 13. 00 |
| 14. 00 | Hospital-Based Health Clinic RHC | 0 | 0 | 14. 00 |
| 15. 00 | Hospital-Based Health Clinic FQHC | 0 | 0 | 15. 00 |
| 16. 00 | Hospi tal -Based-CMHC | 0 | 0 | 16. 00 |
| 16. 10 | Hospi tal -Based-CMHC 10 | 0 | 0 | 16. 10 |
| | Renal Di al ysi s | | | 17. 00 |
| 18. 00 | Other | 0 | 0 | 18. 00 |

| Heal th | Financial Systems | FRANCISCAN HEA | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|------------------|--|-----------------------|-----------------|------------------|--------------------------|----------------------|------------------|
| HOME I | IEALTH AGENCY STATISTICAL DATA | | | F | eriod: rom 01/01/2021 | Worksheet S-4 | |
| | | | Component | CCN: 15-7145 T | | 5/30/2022 8: 0 | |
| | | | | | Home Health Agency I | PPS | |
| | To the second se | - | | | 1. | 00 | |
| 0.00 | County | Title V | Title XVIII | Title XIX | Other | Total | 0. 00 |
| | HOME HEALTH AGENCY STATISTICAL DATA | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| 1.00 | Home Health Aide Hours | 0 | | | | | 1. 00 |
| 2.00 | Unduplicated Census Count (see instructions) | 0.00 | 356.00 | | 21.00 oyees (Full Ti | | 2. 00 |
| | | | | · | | | |
| | | Enter the numb | per of hours in | Staff | Contract | Total | |
| | | | l work week | Starr | Contract | Total | |
| | | | | | | | |
| | | (| 0 | 1.00 | 2. 00 | 3. 00 | |
| 3. 00 | HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s) | | 40.00 | 0.00 | 0.00 | 0.00 | 3. 00 |
| 4.00 | Director(s) and Assistant Director(s) | 1 | 10. 00 | 0.00 | 0. 00 | 0.00 | 4. 00 |
| 5. 00 6. 00 | Other Administrative Personnel Direct Nursing Service | | | 20. 21 24. 77 | | | 5. 00 6. 00 |
| 7.00 | Nursi ng Supervi sor | | | 4. 83 | 0.00 | 4. 83 | 7. 00 |
| 8. 00 9. 00 | Physical Therapy Service Physical Therapy Supervisor | | | 15. 90 0. 52 | | | 8. 00 9. 00 |
| 10. 00 | Occupational Therapy Service | | | 0. 99 | | | 1 |
| 11. 00 12. 00 | Occupational Therapy Supervisor Speech Pathology Service | | | 0. 00 0. 00 | | | 1 |
| 13. 00 | Speech Pathology Supervisor | | | 0.00 | | | 1 |
| 14.00 | Medical Social Service | | | 0.02 | | | 1 |
| 15. 00 16. 00 | Medical Social Service Supervisor Home Health Aide | | | 0. 00 3. 42 | | | l |
| 17. 00 | Home Health Aide Supervisor | | | 0.00 | 0. 00 | 0.00 | 17. 00 |
| 18. 00 | Other (specify) | | | 0.00 | 0.00 | 0.00 CBSA Data | 18. 00 |
| | HOME HEALTH AGENCY CBSA CODES | | | | | 1. 00 | |
| 19. 00 20. 00 | Enter in column 1 the number of CBSAs where List those CBSA code(s) in column 1 serviced | , , | J | | 9 1 | 5 16974 | 19. 00 20. 00 |
| | first code). | during this co | ost reporting p | perroa (Trie 20 | contains the | | |
| 20. 01 20. 02 | | | | | | 23844 33140 | 20. 01 20. 02 |
| 20. 03 | | | | | | 99915 | 20. 03 |
| 20. 04 | | Full E | pi sodes | | | 43780 | 20. 04 |
| | | Without Outliers | With Outliers | LUPA Epi sodes | PEP Only Episodes | Total (cols. 1-4) | |
| | PPS ACTIVITY DATA | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| 21. 00 | Skilled Nursing Visits | 2, 629 | | | | | 1 |
| 22. 00 23. 00 | Skilled Nursing Visit Charges Physical Therapy Visits | 1, 048, 971 2, 276 | | 1 | | | ł |
| 24. 00 | Physical Therapy Visits Physical Therapy Visit Charges | 942, 264 | | | | | |
| 25. 00 26. 00 | Occupational Therapy Visits Occupational Therapy Visit Charges | 877 | | | | | 1 |
| 27. 00 | Speech Pathology Visits | 363, 078 290 | 1 | 1 | | | 1 |
| 28. 00 | Speech Pathology Visit Charges | 120, 060 | | | | | |
| 29. 00 30. 00 | Medical Social Service Visits Medical Social Service Visit Charges | 2, 400 | 960 | | | 1 | 29. 00 30. 00 |
| 31. 00 | Home Health Aide Visits | 846 | • | | | | 31.00 |
| 32. 00 33. 00 | Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27, | 163, 278 6, 923 | 1 | | | | 32. 00 33. 00 |
| 34. 00 | 29, and 31) Other Charges | 28, 509 | 66, 292 | 6, 634 | 466 | 101, 901 | 34.00 |
| 35. 00 | Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34) | 2, 668, 560 | 1 | | | | ł |
| 36. 00 | Total Number of Episodes (standard/non | 0 | | 0 | 0 | 0 | 36. 00 |
| 37. 00 | outlier) Total Number of Outlier Episodes | | C | | 0 | | 37. 00 |
| 38. 00 | Total Non-Routine Medical Supply Charges | 0 |) (| 0 | 0 | 0 | 38. 00 |

| Heal th | Financial Systems FRANCISCAN HEA | LTH HAMMOND | In Lie | eu of Form CMS-2 | 2552-10 | | |
|----------------------------|---|---------------------------|----------------------------------|---------------------|------------------|--|--|
| HOSPI T | AL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0004 | Peri od: | Worksheet S-10 | 0 | | |
| | | | From 01/01/2021 To 12/31/2021 | Date/Time Pre | pared: | | |
| | | 5/30/2022 8:0 | | | | | |
| | | | | 1. 00 | | | |
| | Uncompensated and indigent care cost computation | | | | | | |
| 1. 00 | Cost to charge ratio (Worksheet C, Part I line 202 column 3 Medicaid (see instructions for each line) | divided by line 202 colu | ımn 8) | 0. 313417 | 1.00 | | |
| 2.00 | Net revenue from Medicaid | | | 23, 551, 887 | 2. 00 | | |
| 3.00 | Did you receive DSH or supplemental payments from Medicaid? | | | Y | 3.00 | | |
| 4. 00 5. 00 | If line 3 is yes, does line 2 include all DSH and/or suppler If line 4 is no, then enter DSH and/or supplemental payments | . , | cai d'? | N 14, 698, 319 | 4. 00 5. 00 | | |
| 6. 00 | Medicaid charges | s ITolli Medicald | | 136, 157, 789 | 1 | | |
| 7. 00 | Medicaid cost (line 1 times line 6) | | | 42, 674, 166 | | | |
| 8. 00 | Difference between net revenue and costs for Medicaid progra < zero then enter zero) | am (line 7 minus sum of l | ines 2 and 5; if | 4, 423, 960 | ł | | |
| | Children's Health Insurance Program (CHIP) (see instructions | s for each line) | | | | | |
| 9.00 | Net revenue from stand-alone CHIP | | | 0 | 9. 00 | | |
| 10.00 | Stand-al one CHIP charges | | | 0 | 10.00 | | |
| 11. 00 12. 00 | Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHI | ID (line 11 minus line 0 | if a zoro thon | 0 | 11. 00 12. 00 | | |
| 12.00 | enter zero) | TP (TIME IT MIMUS TIME 9; | ii < zero then | U | 12.00 | | |
| | Other state or local government indigent care program (see i | nstructions for each lin | e) | | | | |
| | Net revenue from state or local indigent care program (Not i | | | 0 | | | |
| 14. 00 | Charges for patients covered under state or local indigent (10) | care program (Not include | d in lines 6 or | 0 | 14. 00 | | |
| 15. 00 | State or local indigent care program cost (line 1 times line | e 14) | | 0 | 15. 00 | | |
| 16. 00 | Difference between net revenue and costs for state or local | indigent care program (I | ine 15 minus line | 0 | 16. 00 | | |
| | 13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, | CULP and state/Local inc | igont care program | me (eoo | | | |
| | instructions for each line) | Chir and State/Tocal The | ingent care prograi | iis (See | | | |
| 17. 00 | Private grants, donations, or endowment income restricted to | 9 | | 0 | | | |
| 18.00 | Government grants, appropriations or transfers for support | | (- | 0 | 18.00 | | |
| 19. 00 | Total unreimbursed cost for Medicaid, CHIP and state and Lo 8, 12 and 16) | ocai indigent care progra | ims (sum of lines | 4, 423, 960 | 19. 00 | | |
| | | Uni nsure | | Total (col. 1 | | | |
| | | pati ents | pati ents 2.00 | + col . 2) 3.00 | | | |
| | Uncompensated Care (see instructions for each line) | 1.00 | 2.00 | 3.00 | | | |
| 20. 00 | Charity care charges and uninsured discounts for the entire (see instructions) | facility 14, 401, | 540 1, 145, 640 | 15, 547, 180 | 20. 00 | | |
| 21. 00 | Cost of patients approved for charity care and uninsured distinstructions) | scounts (see 4,513, | 1, 145, 640 | 5, 659, 327 | 21. 00 | | |
| 22. 00 | Payments received from patients for amounts previously writing | ten off as | 0 0 | О | 22. 00 | | |
| 23. 00 | charity care Cost of charity care (line 21 minus line 22) | 4, 513, | 687 1, 145, 640 | 5, 659, 327 | 23. 00 | | |
| | | | | 1.00 | | | |
| 24 00 | Does the amount on line 20 column 2, include charges for part | tient days beyond a Lengt | h of stay limit | 1. 00 N | 24. 00 | | |
| | imposed on patients covered by Medicaid or other indigent ca | are program? | • | | | | |
| | If line 24 is yes, enter the charges for patient days beyond stay limit | | am S rength of | | 25. 00 | | |
| 26. 00 | Total bad debt expense for the entire hospital complex (see | • | | 9, 196, 302 | • | | |
| 27. 00 | Medicare reimbursable bad debts for the entire hospital complete medicare allowable bad debts for the entire hospital complete. | | | 548, 870 844 415 | ı | | |
| | .01 Medicare allowable bad debts for the entire hospital complex (see instructions) 844,415 | | | | | | |
| | 00 Non-Medicare bad debt expense (see instructions) 8,351,887 | | | | | | |
| 28. 00 29. 00 | Cost of non-Medicare and non-reimbursable Medicare bad debt | expense (see instruction | is) | 2, 913, 168 | • | | |
| 28. 00 29. 00 30. 00 | · · · | | s) | | 29. 00 30. 00 | | |

| | FINANCIAL SYSTEMS SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O | FRANCISCAN HEAL | | CN: 1E 0004 I | Peri od: | Worksheet A | 2552-10 |
|------------------|--|---------------------|------------------------|---------------|-----------------------------|---------------------------------|----------------|
| RECLAS | SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C | JF EXPENSES | Provi der C | | rom 01/01/2021 | WOI KSHEEL A | |
| | | | | | Γο 12/31/2021 | Date/Time Pre | |
| | Cost Center Description | Sal ari es | Other | Total (col 1 | Recl assi fi cati | 5/30/2022 8:0 Reclassi fi ed | 9 pm |
| | cost center bescription | Sai ai i es | other | + col . 2) | ons (See A-6) | Trial Balance | |
| | | | | 1 001. 2) | 013 (000 71 0) | (col . 3 +- | |
| | | | | | | col . 4) | |
| | | 1. 00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | GENERAL SERVICE COST CENTERS | | | 1 | | | |
| 1.00 | 00100 CAP REL COSTS-BLDG & FIXT | | 23, 027, 838 | 23, 027, 838 | | | 1.00 |
| 2. 00 3. 00 | 00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS | | 0 | | 5, 972, 035 | 5, 972, 035 | 2. 00 3. 00 |
| 4.00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | 998, 298 | 2, 414, 442 | 3, 412, 740 | -101, 038 | 3, 311, 702 | |
| 5. 05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | 18, 464, 776 | 29, 992, 825 | | | | |
| 6.00 | 00600 MAINTENANCE & REPAIRS | 0 | 0 | (| | 0 | |
| 7.00 | 00700 OPERATION OF PLANT | 1, 370, 987 | 8, 831, 151 | 10, 202, 138 | -2, 032, 818 | 8, 169, 320 | 7. 00 |
| 8.00 | 00800 LAUNDRY & LINEN SERVICE | 275, 785 | 984, 899 | | | 1, 225, 588 | |
| 9. 00 | 00900 HOUSEKEEPI NG | 1, 317, 754 | 1, 344, 351 | | | 2, 638, 907 | |
| 10.00 | 01000 DI ETARY | 969, 266 | 1, 182, 446 | 1 | | | 1 |
| 11. 00 13. 00 | 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON | 1, 700, 507 | 1, 340, 841 | | 1, 488, 324 3 -118, 126 | 1, 488, 324 2, 923, 222 | 1 |
| 14. 00 | 01400 CENTRAL SERVICES & SUPPLY | 131, 271 | 436, 273 | | | | 1 |
| 15. 00 | 01500 PHARMACY | 2, 795, 045 | 25, 329, 862 | | | | 1 |
| 16. 00 | 01600 MEDICAL RECORDS & LIBRARY | 54, 662 | 36, 689 | | | 91, 351 | 1 |
| 17.00 | 01700 SOCIAL SERVICE | 0 | 0 | | 0 | 0 | 17. 00 |
| 22. 00 | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV | 87, 136 | 479, 013 | 566, 149 | 9 0 | 566, 149 | |
| 23. 00 | 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 | | 0 | 0 | 23. 00 |
| 23. 01 | 02301 PARAMED ED PRGM - LAB 4+1 | 86, 666 | 40, 603 | | | | |
| 23. 02 | 02302 PARAMED ED PRGM - RADI OLOGY | 60, 112 | 19, 177 | | | | 1 |
| 23. 03 23. 04 | O2303 PARAMED ED PRGM - RESP THER O2304 PARAMED ED PRGM-PHARMACY | 63, 193 369, 512 | 20, 544 159, 318 | 1 | | | |
| 23. 04 | 02305 PARAMED ED PRGM-FHARWACT | 2, 956 | 19, 046 | | | | |
| 23. 06 | 02306 PARAMED ED PRGM - LAB 3+1 | 2, 730 | 0 | 1 | 68, 672 | | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | • | | | |
| 30.00 | 03000 ADULTS & PEDIATRICS | 14, 772, 389 | 7, 246, 181 | | | 18, 624, 887 | |
| 31. 00 | 03100 NTENSI VE CARE UNI T | 2, 046, 703 | 1, 805, 114 | | | | |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | 844, 455 | 703, 389 | | | | |
| 40. 00 43. 00 | 04000 SUBPROVI DER - I PF 04300 NURSERY | 1, 927, 881 | 4, 430, 896 | 6, 358, 77 | 7 -12, 454 0 1, 534, 644 | | |
| 44. 00 | 04400 SKILLED NURSING FACILITY | | 0 | | 1, 554, 644 | 1, 554, 644 | |
| 45. 00 | 04500 NURSING FACILITY | | 0 | | | - | |
| | ANCILLARY SERVICE COST CENTERS | , | | | - I | | |
| 50.00 | 05000 OPERATI NG ROOM | 1, 236, 275 | 3, 168, 152 | 4, 404, 42 | -3, 128, 761 | 1, 275, 666 | 50. 00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | | 0 | 0 | |
| 50. 02 | 05002 OUTPATI ENT SURGERY | 123, 232 | 230, 826 | | | | 1 |
| 51. 00 53. 00 | 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY | 219, 387 4, 104 | 81, 387 3, 736, 147 | | | 267, 724 3, 740, 251 | |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 970, 676 | 878, 048 | | | | |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 485, 950 | 480, 320 | | | | |
| 54.02 | 05402 ULTRASOUND | 408, 377 | 215, 836 | 624, 213 | -93, 470 | 530, 743 | 54. 02 |
| | 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | | 0 | | |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 488, 912 | 844, 971 | 1, 333, 883 | -349, 049 | 984, 834 | |
| | 05700 CT SCAN | 0 | 0 | | 0 | 0 | |
| 58. 00 59. 00 | 05800 MRI 05900 CARDI AC CATHETERI ZATI ON | 400, 352 | 2, 485, 422 | 2, 885, 77 | -2, 683, 085 | 0 202, 689 | |
| 60.00 | 06000 LABORATORY | 400, 332 | 8, 887, 646 | 1 | | 8, 749, 739 | |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0,007,040 | 1 | 0 137, 707 | 0, 747, 737 | 1 |
| 63. 00 | 06300 BLOOD STORING, PROCESSING & TRANS. | o | 271, 563 | 1 | - | 340 | |
| 63. 01 | 06301 NUCLEAR MEDICINE | 127, 669 | 153, 919 | | | 151, 732 | |
| 65.00 | 06500 RESPI RATORY THERAPY | 1, 194, 549 | 1, 210, 324 | 2, 404, 873 | -207, 176 | 2, 197, 697 | 65. 00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 1, 671, 780 | 404, 395 | | | 1, 894, 104 | |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 364, 242 | 142, 775 | 1 | | | |
| 68. 00 | 06800 SPEECH PATHOLOGY | 193, 815 | 81, 545 | 1 | | | |
| 69. 00 70. 00 | 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY | 248, 583 4, 761 | 187, 261 1, 593 | 1 | | | |
| 71.00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 4, 761 | 1, 393 | 1 | 6, 825, 541 | 5, 881 6, 825, 541 | |
| 72. 00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | | 0 | | 1, 310, 720 | | |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | o | 0 | | 24, 050, 115 | 24, 050, 115 | |
| 76.00 | 03020 PAIN CLINIC | 0 | 0 | | 0 | 0 | 1 |
| 76. 01 | 03950 ORTHOPEDI CS | 0 | 296 | 290 | | 276 | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 210, 796 | 952, 091 | 1 | | 1, 072, 866 | 1 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 832, 101 | 103, 071 | | | | 1 |
| 76. 04 76. 05 | O3190 RADIATION ONCOLOGY O3951 MRI | 25, 000 114, 604 | -271 92, 211 | 1 | | 24, 729 189, 847 | 1 |
| 76. 05 76. 06 | 03951 MRI 03952 BARI ATRI C CENTER | 114,004 | 7 ∠, ∠11 | 200, 813 |) - 10, 7 08 | 189, 847 | |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | | 0 | | | 0 | 1 |
| 76. 08 | 03953 WOUND CARE | 447, 952 | 134, 296 | 582, 248 | -78, 110 | - | 1 |
| 76. 09 | 03954 RENAL DIALYSIS | 0 | 0 | | 577, 974 | 577, 974 | 76. 09 |
| 76. 10 | 03955 NFUSION | 2, 146, 387 | 1, 881, 392 | 1 | | | 1 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0 | 0 | 'l (| 0 | 0 | 76. 11 |
| | | | | | | | |

| Health Financial Systems | FRANCI SCAN HEAL | | | | u of Form CMS-2 | 2552-10 |
|--|------------------|-------------------|-------------------|----------------------------|-----------------|---------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF | F EXPENSES | Provi der CO | | Period: From 01/01/2021 | Worksheet A | |
| | | | | o 12/31/2021 | Date/Time Pre | nared· |
| 10 12/31/2021 Eater 11 Early 12/31/2021 Eater 12/30/2022 8: 09 | | | | | | |
| Cost Center Description | Sal ari es | Other | Total (col. 1 | Recl assi fi cati | Recl assi fi ed | |
| | | | + col. 2) | ons (See A-6) | Trial Balance | |
| | | | | | (col. 3 +- | |
| | | | | | col . 4) | |
| | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 328, 128 | 99, 653 | 427, 781 | -14, 147 | 413, 634 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | C | 0 | 0 | 00.00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | C | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | C | 0 | 0 | 90. 00 |
| 90. 01 09001 0CC HEALTH CLINIC | 110, 476 | 280, 550 | 391, 026 | | 327, 781 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | C | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 25, 845 | 3, 941 | 29, 786 | · | 33, 838 | |
| 91. 00 09100 EMERGENCY | 4, 621, 473 | 4, 780, 438 | 9, 401, 911 | -928, 971 | 8, 472, 940 | |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | T | | |
| 99. 00 09900 CMHC | 0 | 0 | (| 0 | 0 | , , , |
| 99. 10 09910 CORF | 0 | 0 | (| 0 | 0 | 99. 10 |
| 101. 00 10100 HOME HEALTH AGENCY | 6, 000, 181 | 2, 711, 739 | 8, 711, 920 | -354, 084 | 8, 357, 836 | 101.00 |
| SPECIAL PURPOSE COST CENTERS | | 444 500 | 444 500 | 4 004 500 | 4 500 000 | 1110 00 |
| 113. 00 11300 INTEREST EXPENSE | 71 244 0/1 | 144, 500 | | | 1, 539, 029 | |
| 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) | 71, 344, 961 | 144, 490, 935 | 215, 835, 896 | 159, 861 | 215, 995, 757 | 1118.00 |
| NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 20.227 | 24 102 | (2.420 | 100 | (2.24/ | 100.00 |
| 190.00 19000 GFF1, FLOWER, COFFEE SHOP & CANTEEN 190.01 19001 CONVENT | 28, 326 | 34, 103 5, 884 | 62, 429 5, 884 | | 62, 246 | 190. 00 |
| 190. 01 19001 CONVENT 190. 02 19002 HOME MEDI CAL EQUI PMENT | 0 | 0, 004 | 3, 664 | | · | 190. 01 |
| 190. 03 19003 MEDI CAL ARTS BUILDING | 0 | 221, 961 | 221, 961 | ′ | 218, 337 | |
| 190. 04 19004 WOMEN' S HEALTH CENTER | 38, 612 | | | | 58, 394 | |
| 190. 04 19004 WOMEN S HEALTH CENTER 190. 05 19005 DEVELOPMENT | 38, 612 | 19, 782 | 58, 394 | | | 190. 04 |
| 190. 05 19005 DEVELOPMENT 190. 06 19006 NEUROSURGERY PROF SERVICES | O O | 0 | | | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | O O | 0 | | | | 190. 06 |
| 190. 07 19007 1 MAGE RECOVERY 190. 08 19008 FAMILY SERVICES | O O | 0 | | | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES 190. 09 19009 MDWISE | O O | 0 | | | | 190. 08 |
| 190. 09 19009 MDWI SE 190. 10 19010 CATHERI NE MCAULEY CLI NI C | O O | 0 | | | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 2, 124 | 5, 645 | 7, 769 | -705 | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT | 2, 124 | ა, 645 | 1, 109 | - /05 | | 190. 11 |
| 190. 12 19012 SELECT 190. 13 19013 PERCI NI AS | | 0 | | | | 190. 12 |
| 102 00 10200 DHVSLCLANS' DDLVATE OFFICES | 0 | 1 220 | 1 220 | , E 04E | | 102.00 |

221, 007

71, 635, 030

1, 329

334, 970

145, 114, 609

1, 329

555, 977

216, 749, 639

5, 865

0

-161, 214

0 193. 00

0 194. 01

7, 194 192. 00

394, 763 192. 01

216, 749, 639 200. 00

192. 00 19200 PHYSI CLANS' PRIVATE OFFICES 192. 01 19201 WORKING WELL

194. 01 07951 REHAB 200. 00 TOTAL (SUM OF LINES 118 through 199)

193. 00 19300 NONPALD WORKERS

| Health Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lieu | of Form CMS-2552-10 |
|--|---------------------|----------------|---------|-----------------|--|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE | | Provider CCN: | 15-0004 | Peri od: | Worksheet A |
| | | | | From 01/01/2021 | D 1 /T' D 1 |
| | | | | To 12/31/2021 | Date/Time Prepared: 5/30/2022 8:09 pm |
| Cost Center Description | Adjustments | Net Expenses | | , | 57 507 2022 0. 07 piii |
| · | (See A-8) | For Allocation | | | |
| | 6. 00 | 7. 00 | | | |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1. 00 00100 CAP REL COSTS-BLDG & FIXT | 1, 392, 072 | | | | 1.00 |
| 2. 00 00200 CAP REL COSTS-MVBLE EQUI P | 0 | 5, 972, 035 | | | 2. 00 |
| 3. 00 00300 OTHER CAP REL COSTS | 0 | 0 | | | 3.00 |
| 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT | 1, 768, 049 | | | | 4.00 |
| 5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL | -336, 572 | 1 | | | 5. 05 |
| 6. 00 00600 MAI NTENANCE & REPAI RS | 0 | | | | 6.00 |
| 7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE | -144, 709 | -, , | | | 7. 00 8. 00 |
| 9. 00 00900 HOUSEKEEPI NG | -144, 709 | | | | 9.00 |
| 10. 00 01000 DI ETARY | -176, 108 | | | | 10.00 |
| 11. 00 01100 CAFETERI A | -154, 736 | | | | 11.00 |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON | -44, 384 | | | | 13. 00 |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY | -579, 615 | | | | 14. 00 |
| 15. 00 01500 PHARMACY | 185, 392 | | | | 15. 00 |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY | 884, 468 | | | | 16. 00 |
| 17. 00 01700 SOCIAL SERVICE | 0 | 1 | | | 17. 00 |
| 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV | 231, 743 | 797, 892 | | | 22. 00 |
| 23.00 02300 PARAMED ED PRGM-(SPECIFY) | 0 | o | | | 23. 00 |
| 23. 01 02301 PARAMED ED PRGM - LAB 4+1 | -79 | 195, 502 | | | 23. 01 |
| 23. 02 02302 PARAMED ED PRGM - RADIOLOGY | 0 | 87, 689 | | | 23. 02 |
| 23. 03 02303 PARAMED ED PRGM - RESP THER | 0 | 83, 383 | | | 23. 03 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY | 0 | 458, 070 | | | 23. 04 |
| 23. 05 02305 PARAMED ED PRGM-EMT | 0 | | | | 23. 05 |
| 23. 06 02306 PARAMED ED PRGM - LAB 3+1 | 0 | 68, 672 | | | 23. 06 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | |
| 30. 00 03000 ADULTS & PEDI ATRI CS | -30, 833 | | | | 30.00 |
| 31. 00 03100 I NTENSI VE CARE UNI T | 0 | | | | 31.00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | -28, 124 | | | | 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF | 2, 899, 290 | 1 | | | 40.00 |
| 43. 00 04300 NURSERY | 0 | | | | 43.00 |
| 44.00 04400 SKILLED NURSING FACILITY 45.00 04500 NURSING FACILITY | 0 | | | | 44. 00 45. 00 |
| ANCI LLARY SERVI CE COST CENTERS | | <u> </u> | | | 45.00 |
| 50. 00 05000 OPERATING ROOM | -78, 904 | 1, 196, 762 | | | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0 | 0 | | | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 0 | 187, 749 | | | 50. 02 |
| 51.00 05100 RECOVERY ROOM | 0 | 267, 724 | | | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 3, 740, 251 | | | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | -76, 057 | 1, 369, 234 | | | 54.00 |
| 54. 01 05401 RADI OLOGY SPECIAL PROCEDURES | 0 | 482, 310 | | | 54. 01 |
| 54. 02 05402 ULTRASOUND | -18, 059 | 512, 684 | | | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | | | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | -230, 960 | 753, 874 | | | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | 0 | | | 57. 00 |
| 58. 00 05800 MRI | 0 | | | | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | -33, 280 | | | | 59.00 |
| 60. 00 06000 LABORATORY | -2, 932, 414 | 1 | | | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | | | | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.01 06301 NUCLEAR MEDICINE | -299 | 1 | | | 63.00 |
| 63. 01 06301 NUCLEAR MEDICINE 65. 00 06500 RESPIRATORY THERAPY | - | 1 | | | 63. 01 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | -9, 229 -22, 222 | | | | 66.00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | -8, 195 | | | | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | -1, 484 | | | | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | -472, 037 | | | | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 1 | | | 70.00 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | o o | 1 | | | 71. 00 |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS | 0 | 1, 310, 720 | | | 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | -409, 887 | | | | 73. 00 |
| 76. 00 03020 PALN CLINIC | 0 | | | | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | 276 | | | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | -136, 846 | 1 | | | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | -5, 751 | 909, 985 | | | 76. 03 |
| 76. 04 03190 RADIATION ONCOLOGY | 0 | 24, 729 | | | 76. 04 |
| 76. 05 03951 MRI | -35, 126 | 154, 721 | | | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 | | | 76.06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | -843, 861 | -843, 861 | | | 76. 07 |
| 76. 08 03953 WOUND CARE | -90 | | | | 76. 08 |
| 76. 09 03954 RENAL DIALYSIS | 0 | | | | 76. 09 |
| 76. 10 03955 I NFUSI ON | -846 | 1 | | | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 1 | | | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | -11, 713 | 401, 921 | | | 76. 12 |
| | | | | | |

 Health Financial
 Systems
 FRANCISCAN

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 Provider CCN: 15-0004

| Peri od: | Worksheet A | From 01/01/2021 | To 12/31/2021 | Date/Ti me Prepared:

| | | | To 12/31/2021 Date/Time I 5/30/2022 | |
|--|--------------|----------------|-------------------------------------|----------|
| Cost Center Description | Adjustments | Net Expenses | 37 307 2022 | 8. 07 pm |
| | (See A-8) | For Allocation | | |
| | 6.00 | 7.00 | | |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | -2, 715 | 325, 066 | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 0 | 33, 838 | | 90. 03 |
| 91. 00 09100 EMERGENCY | -2, 544, 123 | 5, 928, 817 | | 91. 00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 99. 00 09900 CMHC | 0 | 0 | | 99. 00 |
| 99. 10 09910 CORF | 0 | О | | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 0 | 8, 357, 836 | | 101.00 |
| SPECIAL PURPOSE COST CENTERS | | | | |
| 113. 00 11300 I NTEREST EXPENSE | -1, 539, 029 | 0 | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | -3, 547, 273 | 212, 448, 484 | | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 62, 246 | | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 5, 884 | | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | 0 | 218, 337 | | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 0 | 58, 394 | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | o | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | o | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | o | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | o | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 7, 064 | | 190. 11 |
| 190. 12 19012 SELECT | 0 | o | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | o | | 190. 13 |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES | 0 | 7, 194 | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 394, 763 | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | 193. 00 |
| 194. 01 07951 REHAB | 0 | O | | 194. 01 |
| 200.00 TOTAL (SUM OF LINES 118 through 199) | -3, 547, 273 | 213, 202, 366 | | 200. 00 |
| | 1 | | | |

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: Worksheet A-6 From 01/01/2021 To 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Provider CCN: 15-0004

| | | | | | 5/30/2022 8 | |
|------------------|--|----------------|----------|-------------|-------------|------------------|
| | | Increases | | | | |
| | Cost Center | Li ne # | Sal ary | 0ther | | |
| | 2. 00 | 3. 00 | 4. 00 | 5. 00 | | |
| 1. 00 | A - CAPITAL CAP REL COSTS-MVBLE EQUIP | 2.00 | ol | 5, 881, 845 | | 1. 00 |
| 2.00 | CAP REL COSTS-MVBLE EQUIP | 1.00 | 0 | 2, 350, 736 | | 2.00 |
| 3.00 | CAL REE COSTS-BEDG & TTAT | 0.00 | o | 2, 330, 730 | | 3. 00 |
| 4. 00 | | 0.00 | Ö | Ö | | 4. 00 |
| 5. 00 | | 0.00 | o | 0 | | 5. 00 |
| 6.00 | | 0.00 | 0 | 0 | | 6. 00 |
| 7.00 | | 0.00 | 0 | 0 | | 7. 00 |
| 8.00 | | 0.00 | 0 | 0 | | 8. 00 |
| 9.00 | | 0.00 | 0 | 0 | | 9. 00 |
| 10.00 | | 0.00 | 0 | 0 | | 10.00 |
| 11. 00 12. 00 | | 0. 00 0. 00 | 0 | 0 | | 11.00 |
| 13. 00 | | 0.00 | 0 | 0 | | 12. 00 13. 00 |
| 14. 00 | | 0.00 | Ö | 0 | | 14. 00 |
| 15. 00 | | 0.00 | Ö | 0 | | 15. 00 |
| 16.00 | | 0.00 | 0 | 0 | | 16. 00 |
| 17. 00 | | 0.00 | 0 | 0 | | 17. 00 |
| 18. 00 | | 0.00 | 0 | 0 | | 18. 00 |
| 19. 00 | | 0.00 | 0 | 0 | | 19. 00 |
| 20. 00 21. 00 | | 0. 00 0. 00 | 0 | 0 | | 20. 00 21. 00 |
| 21.00 | | 0.00 | 0 | 0 | | 22. 00 |
| 23. 00 | | 0.00 | Ö | 0 | | 23. 00 |
| 24. 00 | | 0.00 | Ö | 0 | | 24. 00 |
| 25. 00 | | 0.00 | 0 | 0 | | 25. 00 |
| 26. 00 | | 0.00 | 0 | 0 | | 26. 00 |
| 27. 00 | | 0.00 | 0 | 0 | | 27. 00 |
| 28. 00 | | 0.00 | 0 | 0 | | 28. 00 |
| 29. 00 | | 0.00 | 0 | 0 | | 29. 00 |
| 30. 00 31. 00 | | 0. 00 0. 00 | 0 | 0 | | 30. 00 31. 00 |
| 32. 00 | | 0.00 | 0 | 0 | | 32.00 |
| 33. 00 | | 0.00 | Ö | Ö | | 33. 00 |
| 34. 00 | | 0.00 | Ö | 0 | | 34. 00 |
| 35.00 | | 0.00 | 0 | 0 | | 35. 00 |
| 36.00 | | 0.00 | 0 | 0 | | 36. 00 |
| 37.00 | | 0.00 | 0 | 0 | | 37. 00 |
| 38. 00 | | 0.00 | 0 | 0 | | 38. 00 |
| 39. 00 | | 0.00 | 0 | 0 | | 39. 00 |
| 40. 00 41. 00 | | 0. 00 0. 00 | 0 | 0 | | 40. 00 41. 00 |
| 41.00 | TOTALS — — — — — | | — — — | 8, 232, 581 | | 41.00 |
| | B - DI ETARY | | <u> </u> | 0, 232, 301 | | |
| 1.00 | CAFETERI A | 11.00 | 670, 434 | 817, 890 | | 1.00 |
| | TOTALS | | 670, 434 | 817, 890 | | |
| | C - I NSURANCE | | | | | |
| 1.00 | CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 116, 145 | | 1. 00 |
| 2. 00 | OTHER ADMINISTRATIVE AND GENERAL | 5. 05 | 0 | 183, 797 | | 2. 00 |
| 3.00 | GENERAL | 0.00 | 0 | 0 | | 3. 00 |
| 4. 00 | | 0.00 | Ö | Ö | | 4. 00 |
| 5. 00 | | 0.00 | Ö | 0 | | 5. 00 |
| | TOTALS | | | 299, 942 | | |
| | D - CHARGEABLE SUPPLIES | | | | | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO | 71. 00 | 0 | 6, 825, 541 | | 1. 00 |
| 2. 00 | PATIENT IMPL. DEV. CHARGED TO | 72.00 | 0 | 1, 310, 720 | | 2. 00 |
| 2.00 | IPATIENTS | 72.00 | U | 1, 310, 720 | | 2.00 |
| 3.00 | OTHER ADMINISTRATIVE AND | 5. 05 | o | 276, 803 | | 3. 00 |
| | GENERAL | | | , | | |
| 4.00 | SPECIALTY CLINIC | 90. 03 | 0 | 2, 765 | | 4. 00 |
| 5.00 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 0 | 5, 865 | | 5. 00 |
| 6.00 | | 0.00 | 0 | 0 | | 6. 00 |
| 7.00 | | 0.00 | 0 | 0 | | 7. 00 |
| 8. 00 9. 00 | | 0. 00 0. 00 | 0 | 0 | | 8. 00 9. 00 |
| 10. 00 | | 0.00 | 0 | 0 | | 10.00 |
| 11. 00 | | 0.00 | o | 0 | | 11. 00 |
| 13. 00 | | 0.00 | Ö | O | | 13. 00 |
| 14.00 | | 0.00 | O | 0 | | 14. 00 |
| 16.00 | | 0.00 | О | 0 | | 16. 00 |
| 17. 00 | | 0.00 | 0 | 0 | | 17. 00 |
| 18. 00 | 1 | 0.00 | 0 | 0 | | 18. 00 |
| | | | | | | |

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 Peri od: From 01/01/2021 To 12/31/2021 Date/Time Prepared: Provider CCN: 15-0004

| | | | | | 5/30/2022 8:0 | |
|------------------|---|------------------|--------------------|------------------|---------------|------------------|
| | | Increases | | | | |
| | Cost Center | Li ne # | Sal ary | 0ther | | |
| 10.00 | 2. 00 | 3.00 | 4. 00 | 5. 00 | | 10.00 |
| 19. 00 | | 0.00 | 0 | 0 | | 19. 00 |
| 20. 00 21. 00 | | 0. 00 0. 00 | 0 | 0 | | 20. 00 21. 00 |
| 22. 00 | | 0.00 | 0 | 0 | | 22. 00 |
| 23. 00 | | 0.00 | o | 0 | | 23. 00 |
| 24. 00 | | 0.00 | O | 0 | | 24. 00 |
| 25.00 | | 0.00 | O | 0 | | 25. 00 |
| 26.00 | | 0.00 | 0 | 0 | | 26. 00 |
| 28. 00 | | 0.00 | 0 | 0 | | 28. 00 |
| 31. 00 32. 00 | | 0. 00 0. 00 | 0 | 0 | | 31. 00 32. 00 |
| 34. 00 | | 0.00 | 0 | 0 | | 34.00 |
| 35. 00 | | 0.00 | o | 0 | | 35. 00 |
| 36.00 | | 0.00 | 0 | 0 | | 36. 00 |
| 37. 00 | | 0. 00 | 0 | 0 | | 37. 00 |
| 38. 00 | | 0.00 | 0 | 0 | | 38. 00 |
| 40.00 | | 0.00 | 0 | 0 | | 40.00 |
| 41. 00 43. 00 | | 0. 00 0. 00 | 0 | 0 | | 41. 00 43. 00 |
| 44. 00 | | 0.00 | 0 | 0 | | 44. 00 |
| 46. 00 | | 0.00 | o | 0 | | 46. 00 |
| 47.00 | | 0. 00 | 0 | 0 | | 47. 00 |
| 48. 00 | | 0.00 | 0 | 0 | | 48. 00 |
| 49. 00 | | 0.00 | 0 | 0 | | 49. 00 |
| 50. 00 | TOTALS — — — — — | | 0 | 0 8, 421, 694 | | 50. 00 |
| | E - PHARMACY | | U_ | 0, 421, 094 | | |
| 1.00 | DRUGS CHARGED TO PATIENTS | 73. 00 | 0 | 24, 050, 115 | | 1. 00 |
| 2.00 | | 0.00 | 0 | 0 | | 2. 00 |
| 7.00 | | 0.00 | 0 | 0 | | 7. 00 |
| 8.00 | | 0. 00 0. 00 | 0 | 0 | | 8. 00 9. 00 |
| 9. 00 10. 00 | | 0.00 | 0 | 0 | | 10.00 |
| 11. 00 | | 0.00 | Ö | Ö | | 11. 00 |
| 12.00 | | 0.00 | 0 | 0 | | 12. 00 |
| 14.00 | | 0. 00 | 0 | 0 | | 14. 00 |
| 16.00 | | 0.00 | 0 | 0 | | 16.00 |
| 17. 00 19. 00 | | 0. 00 0. 00 | 0 | 0 | | 17. 00 19. 00 |
| 20. 00 | | 0.00 | o | 0 | | 20.00 |
| 21.00 | | 0.00 | 0 | 0 | | 21. 00 |
| 22. 00 | | 0.00 | 0 | 0 | | 22. 00 |
| 24. 00 | | 0.00 | 0 | 0 | | 24. 00 |
| 25. 00 26. 00 | | 0. 00 0. 00 | 0 | 0 | | 25. 00 26. 00 |
| 27. 00 | | 0.00 | 0 | 0 | | 27. 00 |
| 28. 00 | | 0.00 | 0 | 0 | | 28. 00 |
| 29. 00 | | 0.00 | 0 | 0 | | 29. 00 |
| 30.00 | | 0. 00 | 0 | 0 | | 30. 00 |
| 31.00 | | 0.00 | 0 | 0 | | 31.00 |
| 33. 00 34. 00 | | 0. 00 0. 00 | 0 | 0 | | 33. 00 34. 00 |
| 35. 00 | | 0.00 | Ö | Ö | | 35. 00 |
| 36.00 | | 0.00 | o_ | 0 | | 36. 00 |
| | TOTALS | | 0 | 24, 050, 115 | | |
| 1 00 | F - RADI OLOGY ADMINISTRATION | (2.01 | 1 (42 | | | 1 00 |
| 1. 00 2. 00 | NUCLEAR MEDICINE ULTRASOUND | 63. 01 54. 02 | 1, 642 16, 473 | 0 | | 1. 00 2. 00 |
| 3.00 | NUCLEAR MEDICINE | 63. 01 | 27, 842 | 0 | | 3. 00 |
| 4. 00 | RADI OLOGY SPECIAL PROCEDURES | 54. 01 | 2, 359 | 0 | | 4. 00 |
| 5.00 | MRI | <u>76.</u> 05 | 3, 775 | 0 | | 5. 00 |
| | TOTALS | | 52, 091 | 0 | | |
| 1 00 | G - MEDICAL EDUCATION | 0.00 | ٥ | | | 1 00 |
| 1. 00 | TOTALS — — — — — | 0.00 | 0 | 0 | | 1. 00 |
| | H - PARAMEDI CAL EDUCATI ON | | UU | 0 | | 1 |
| 1.00 | PARAMED ED PRGM - LAB 4+1 | 23. 01 | 68, 672 | 0 | | 1. 00 |
| 2.00 | PARAMED ED PRGM - RADIOLOGY | 23. 02 | 0 | 8, 400 | | 2. 00 |
| 3.00 | RESPIRATORY THERAPY | 65.00 | 0 | 354 | | 3.00 |
| 4.00 | PHARMACY | 15.00 | 0 | 149, 208 | | 4. 00 |
| 5. 00 6. 00 | PARAMED ED PRGM-PHARMACY PARAMED ED PRGM - LAB 3+1 | 23. 04 23. 06 | 78, 448 68, 672 | 0 | | 5. 00 6. 00 |
| 0.00 | TOTALS | | 215, 792 | 157, 962 | | 0.00 |
| | - | ' | | | | 1 |

| | | | | | 5/30/2022 8: 0 | 9 pm |
|--------|-------------------------------|--|------------------|--------------------|----------------|--------|
| | | Increases | | | | |
| | Cost Center | Li ne # | Sal ary | 0ther | | |
| | 2. 00 | 3.00 | 4.00 | 5. 00 | | |
| | I - PROFESSIONAL SUPPORT SERV | /LCFS | | | | |
| 1.00 | RESPIRATORY THERAPY | 65.00 | 53, 052 | 17, 602 | | 1.00 |
| 2. 00 | OCCUPATI ONAL THERAPY | 67. 00 | 24, 093 | 7, 994 | | 2. 00 |
| 3.00 | SPEECH PATHOLOGY | 68.00 | 9, 920 | 3, 291 | | 3. 00 |
| | | | | · | + | |
| 4.00 | CARDI AC REHABI LI TATI ON | <u>76.</u> 03 | 14, 649 | <u>4, 860</u> | | 4. 00 |
| | TOTALS | | 101, 714 | 33, 747 | | |
| | J - RENT | 1 | | | | |
| 1.00 | CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 1, 044, 440 | | 1. 00 |
| 2.00 | CAP REL COSTS-MVBLE EQUIP | 2.00 | 0 | 90, 190 | | 2.00 |
| 3.00 | | 0.00 | 0 | 0 | | 3.00 |
| 4.00 | | 0.00 | 0 | 0 | | 4.00 |
| 5.00 | | 0.00 | 0 | 0 | | 5.00 |
| 6.00 | | 0.00 | 0 | 0 | | 6.00 |
| 7.00 | | 0.00 | O | 0 | | 7.00 |
| 8.00 | | 0.00 | ol | 0 | | 8. 00 |
| 9. 00 | | 0.00 | o | 0 | | 9. 00 |
| 11. 00 | | 0.00 | 0 | 0 | | 11. 00 |
| 12. 00 | | 0.00 | - | 0 | | 12. 00 |
| | | | 0 | 0 | | |
| 13.00 | | 0.00 | 0 | 0 | | 13.00 |
| 14. 00 | | 0.00 | 0 | 0 | | 14. 00 |
| 15.00 | | 0.00 | 0 | 0 | | 15.00 |
| 16. 00 | | 0.00 | 0 | 0 | | 16. 00 |
| 17. 00 | | 0.00 | 0 | 0 | | 17.00 |
| | TOTALS | | 0 | 1, 134, 630 | | |
| | K - NURSERY | | | | | |
| 1.00 | NURSERY | 43.00 | 1, 134, 531 | 400, 113 | | 1.00 |
| | TOTALS | | 1, 134, 531 | 400, 113 | | |
| | L - RENAL DIALYSIS | | | | | |
| 1.00 | RENAL DIALYSIS | 76. 09 | 277, 923 | 300, 051 | | 1.00 |
| | TOTALS | — ····+ | 277, 923 | 300, 051 | | |
| | M - IMPLANTABLE DEVICES | | 2,1,7,20 | 000,001 | | |
| 1.00 | III PIIII EXILITIDEE DEVI GEG | 0.00 | 0 | 0 | | 1. 00 |
| 1.00 | TOTALS — — — — | | — — ў | — — ŏ | | 1.00 |
| | N - SPECIALTY CLINIC | | <u> </u> | U | | |
| 1 00 | SPECIALTY CLINIC | 00.00 | | 1 20/ | | 1 00 |
| 1.00 | | 90.03 | + | <u>1, 306</u> | | 1. 00 |
| | TOTALS | | 0 | 1, 306 | | |
| | O - INTEREST EXPENSE | T | | | | |
| 1.00 | CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 214, 057 | | 1. 00 |
| 2.00 | INTEREST EXPENSE | 113. 00 | 0 | 1, 627, 976 | | 2.00 |
| 3.00 | I NTEREST EXPENSE | 113.00 | 0 | 456 | | 3.00 |
| 4.00 | CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 9, 923 | | 4.00 |
| | TOTALS | \Box | | 1, 852, 412 | | |
| | P - MISC A&G | | | | | |
| 1.00 | CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 9, 923 | | 1.00 |
| | TOTALS | | — — j | $\frac{1}{9}, 923$ | | |
| | Q - CATH LAB RECOVERY | <u> </u> | ٩ | ,,,23 | | |
| 1.00 | CONTRACTOR INCOMENT | 0.00 | 0 | 0 | | 1. 00 |
| 1.00 | TOTALS — — — — | | — — | — — 5 | | 1.00 |
| 500.00 | Grand Total: Increases | | 2, 452, 485 | 45, 712, 366 | | 500.00 |
| 500.00 | pranu rotar. Thereases | 1 | 2, 452, 485 | 40, / 12, 300 | I. | 500.00 |

Peri od: From 01/01/2021 To 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm

| | | Docroscos | | | | 5/30/2022 8: | J9 piii |
|------------------|--------------------------------|----------------------|--------------------|---------------------|----------------|--------------|------------------|
| | Cost Center | Decreases Li ne # | Sal ary | Other | Wkst. A-7 Ref. | | |
| | 6. 00 | 7.00 | 8. 00 | 9. 00 | 10. 00 | | |
| | A - CAPI TAL | 7.00 | 0.00 | 7.00 | 10.00 | | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 7, 49 | 6 9 | | 1.00 |
| 2. 00 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 2, 513, 17 | | | 2. 00 |
| 2.00 | GENERAL | 5.05 | U | 2,513,170 | 9 | | 2.00 |
| 3.00 | OPERATION OF PLANT | 7. 00 | 0 | 2, 021, 19 | 1 0 | | 3. 00 |
| 4. 00 | LAUNDRY & LINEN SERVICE | 8.00 | 0 | 32, 47 | | | 4. 00 |
| 5. 00 | HOUSEKEEPI NG | 9. 00 | o | 17, 65 | - I | | 5. 00 |
| 6. 00 | DI ETARY | 10.00 | o | • | | | 6. 00 |
| 7. 00 | 1 | l I | 0 | 18, 050 | | | 7. 00 |
| | NURSI NG ADMI NI STRATI ON | 13.00 | 0 | 21, 32 | | | 1 |
| 8. 00 9. 00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 38, 75 | | | 8. 00 9. 00 |
| | PHARMACY | 15.00 | | 39, 86 | | | 1 |
| 10.00 | PARAMED ED PRGM - LAB 4+1 | 23. 01 | 0 | 360 | | | 10.00 |
| 11. 00 | ADULTS & PEDIATRICS | 30.00 | 0 | 277, 950 | | | 11.00 |
| 12.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 375, 94 | | | 12.00 |
| 13.00 | NEWBORN INTENSIVE CARE UNIT | 35. 00 | 0 | 19, 81 | | | 13.00 |
| 14.00 | OPERATING ROOM | 50.00 | 0 | 172, 96 | | | 14.00 |
| 15. 00 | OUTPATIENT SURGERY | 50. 02 | 0 | 94, 73 | | | 15. 00 |
| 16. 00 | RECOVERY ROOM | 51.00 | 0 | 25, 51 | | | 16.00 |
| 17. 00 | RADI OLOGY-DI AGNOSTI C | 54.00 | 0 | 331, 99 | | | 17. 00 |
| 18. 00 | RADI OLOGY SPECI AL PROCEDURES | 54. 01 | 0 | 48, 77 | | | 18. 00 |
| 19. 00 | ULTRASOUND | 54. 02 | 0 | 72, 34 | | | 19. 00 |
| 20. 00 | COMPUTED TOMOGRAPHY | 55. 01 | 0 | 239, 28 | | | 20. 00 |
| 21. 00 | CARDI AC CATHETERI ZATI ON | 59. 00 | 0 | 1, 420, 76 | | | 21. 00 |
| 22. 00 | LABORATORY | 60.00 | 0 | 548 | | | 22. 00 |
| 23. 00 | NUCLEAR MEDICINE | 63. 01 | 0 | 57, 42 | | | 23. 00 |
| 24.00 | RESPI RATORY THERAPY | 65.00 | 0 | 70, 99 | | | 24. 00 |
| 25. 00 | PHYSI CAL THERAPY | 66.00 | 0 | 3, 78 | | | 25. 00 |
| 26. 00 | OCCUPATI ONAL THERAPY | 67. 00 | 0 | 66 | | | 26. 00 |
| 27. 00 | SPEECH PATHOLOGY | 68. 00 | 0 | 6, 86 | | | 27. 00 |
| 28. 00 | ORTHOPEDI CS | 76. 01 | 0 | 20 | | | 28. 00 |
| 29. 00 | CARDI OVASCULAR SERVI CES | 76. 02 | 0 | 77, 80 | | | 29. 00 |
| 30. 00 | CARDIAC REHABILITATION | 76. 03 | 0 | 24, 24 | | | 30. 00 |
| 31.00 | MRI | 76. 05 | 0 | 6, 99 | 2 9 | | 31. 00 |
| 32.00 | WOUND CARE | 76. 08 | 0 | 1, 78 | 6 9 | | 32. 00 |
| 33. 00 | I NFUSI ON | 76. 10 | 0 | 54, 47 | | | 33. 00 |
| 34. 00 | OCC HEALTH CLINIC | 90. 01 | 0 | 1, 09 | 7 9 | | 34. 00 |
| 35.00 | SPECIALTY CLINIC | 90. 03 | 0 | • | 4 9 | | 35. 00 |
| 36. 00 | EMERGENCY | 91.00 | 0 | 101, 020 | 0 9 | | 36. 00 |
| 37. 00 | HOME HEALTH AGENCY | 101.00 | 0 | 15, 65 ₁ | | | 37. 00 |
| 38. 00 | GIFT, FLOWER, COFFEE SHOP & | 190. 00 | 0 | 18: | 3 9 | | 38. 00 |
| 00.00 | CANTEEN | 400.00 | | 0.70 | 4 | | 00.00 |
| 39. 00 | MEDICAL ARTS BUILDING | 190. 03 | 0 | 3, 62 | | | 39. 00 |
| 40. 00 41. 00 | CENTER OF HOPE | 190. 11 192. 01 | 0 | 70! 14, 22 | | | 40. 00 41. 00 |
| 41.00 | WORKING WELL | — 1 <u>92.</u> 01 | — — — 0 | 8, 232, 58 | | | 41.00 |
| | B - DIETARY | | U _I | 0, 232, 30 | 1 | | 4 |
| 1.00 | DI ETARY | 10.00 | 670, 434 | 817, 89 | 0 0 | | 1.00 |
| 1.00 | TOTALS — — — — | | 670, 434 | 817, 89 | | | 1.00 |
| | C - I NSURANCE | | 070, 101 | 017,07 | ١ | | 1 |
| 1.00 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 116, 14 | 4 12 | | 1.00 |
| 1.00 | GENERAL | 3.03 | | 110, 14 |] '2 | | 1.00 |
| 2.00 | ADULTS & PEDIATRICS | 30.00 | o | 132, 30 | 4 0 | | 2. 00 |
| 3.00 | EMERGENCY | 91.00 | o | 25, 28 | | | 3. 00 |
| 4. 00 | PHYSI CAL THERAPY | 66.00 | o | 24, 67 | | | 4. 00 |
| 5. 00 | WORKING WELL | 192. 01 | o | 1, 53 | | | 5. 00 |
| | TOTALS | | | 299, 94 | | | |
| | D - CHARGEABLE SUPPLIES | | <u> </u> | | | | 1 |
| 1.00 | NURSI NG ADMI NI STRATI ON | 13.00 | 0 | 56, 73 | 8 0 | | 1. 00 |
| 2.00 | CENTRAL SERVICES & SUPPLY | 14. 00 | O | 19, 29 | | | 2. 00 |
| 3. 00 | PHARMACY | 15. 00 | o | 161, 61 | | | 3. 00 |
| 4.00 | | 0.00 | 0 | . (| ol ol | | 4.00 |
| 5. 00 | | 0.00 | ol | | o o | | 5. 00 |
| 6. 00 | PARAMED ED PRGM-EMT | 23. 05 | n | 2, 51: | | | 6. 00 |
| 7. 00 | ADULTS & PEDIATRICS | 30.00 | 0 | 824, 33 | | | 7. 00 |
| 8. 00 | INTENSIVE CARE UNIT | 31.00 | n | 313, 95 | | | 8. 00 |
| 9. 00 | NEWBORN INTENSIVE CARE UNIT | 35.00 | 0 | 23, 74 | | | 9. 00 |
| 10. 00 | SUBPROVI DER - I PF | 40.00 | o | 12, 43 | | | 10.00 |
| 11. 00 | OPERATING ROOM | 50.00 | o | 2, 879, 76 | | | 11. 00 |
| 13. 00 | OUTPATIENT SURGERY | 50. 02 | 0 | 71, 57 | | | 13. 00 |
| 14. 00 | RECOVERY ROOM | 51.00 | 0 | 7, 20 | | | 14. 00 |
| 16. 00 | RADI OLOGY-DI AGNOSTI C | 54.00 | 0 | 10, 94 | | | 16. 00 |
| 17. 00 | RADI OLOGY SPECIAL PROCEDURES | 54. 01 | o | 436, 85 | | | 17. 00 |
| 18. 00 | ULTRASOUND | 54. 02 | 0 | 37, 59 | | | 18. 00 |
| 19. 00 | COMPUTED TOMOGRAPHY | 55. 01 | o | 106, 38 | | | 19. 00 |
| | | | ۷۱ | | , 9 | | |

Peri od: From 01/01/2021 To 12/31/2021

Date/Time Prepared: 5/30/2022 8:09 pm

| | | | | | | 5/30/2022 8: | 09 pm |
|----------------|------------------------------------|------------------|-----------------|--------------|----------------|--------------|----------|
| | C+ C+ | Decreases | C-1 | 0+1 | WI+ A 7 D-6 | | |
| | Cost Center | Li ne # | Sal ary | Other | Wkst. A-7 Ref. | | |
| 20.00 | 6. 00 | 7.00 | 8. 00 | 9.00 | 10.00 | | 20, 00 |
| 20.00 | LABORATORY | 60.00 | 0 | 15 | 0 | • | 20.00 |
| 21. 00 | BLOOD STORING, PROCESSING & TRANS. | 63. 00 | U | 271, 223 | U | | 21. 00 |
| 22. 00 | NUCLEAR MEDICINE | 63. 01 | 0 | 3, 997 | 0 | | 22. 00 |
| 23. 00 | RESPIRATORY THERAPY | 65. 00 | 0 | 183, 648 | 0 | | 23. 00 |
| 24. 00 | PHYSI CAL THERAPY | 66.00 | 0 | 4, 931 | 0 | | 24. 00 |
| 25. 00 | OCCUPATI ONAL THERAPY | 67. 00 | 0 | 642 | 0 | | 25. 00 |
| 26. 00 | SPEECH PATHOLOGY | 68.00 | 0 | 4, 928 | 0 | | 26. 00 |
| 28. 00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 473 | 0 | | 28. 00 |
| 31. 00 | CARDI OVASCULAR SERVI CES | 76. 02 | 0 | 12, 010 | 0 | | 31.00 |
| 32. 00 | CARDI AC REHABI LI TATI ON | 76. 02 76. 03 | 0 | 14, 697 | 0 | | 32. 00 |
| 34. 00 | MRI | 76. 05 76. 05 | 0 | 13, 751 | 0 | | 34. 00 |
| 35. 00 | WOUND CARE | 76. 03 76. 08 | 0 | 45, 593 | 0 | | 35. 00 |
| 36. 00 | I NFUSI ON | 76. 00 76. 10 | 0 | 594, 405 | 0 | | 36. 00 |
| 37. 00 | ANTI COAGULATION CLINIC | 76. 10 76. 12 | 0 | 14, 147 | 0 | | 37. 00 |
| 38. 00 | OCC HEALTH CLINIC | 90. 01 | 0 | 9, 584 | 0 | | 38. 00 |
| 40. 00 | EMERGENCY | 91.00 | 0 | | 0 | | 40. 00 |
| 41. 00 | HOME HEALTH AGENCY | 101.00 | 0 | 204, 019 | 0 | | 41. 00 |
| 43. 00 | WORKING WELL | 192. 01 | 0 | 8, 622 | 0 | | 43. 00 |
| 44. 00 | CARDIAC CATHETERIZATION | 59.00 | 0 | 1, 261, 689 | 0 | | 44. 00 |
| 46. 00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 9, 582 | 0 | | 46. 00 |
| 47. 00 | OPERATION OF PLANT | 7.00 | 0 | 10, 321 | 0 | | 47. 00 |
| 48. 00 | LAUNDRY & LINEN SERVICE | 8.00 | 0 | 2, 372 | 0 | | 48. 00 |
| 49. 00 | HOUSEKEEPI NG | 9.00 | 0 | | 0 | | 49. 00 |
| 50.00 | DI ETARY | 10.00 | 0 | | 0 | | 50.00 |
| 30.00 | TOTALS — — — — | | — — <u> </u> | | | | 30.00 |
| | E - PHARMACY | | O | 0,421,074 | | | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 51, 202 | 0 | | 1.00 |
| 2. 00 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | | 0 | | 2. 00 |
| 2.00 | GENERAL | 3.03 | J | 0,000 | | | 2.00 |
| 7. 00 | PHARMACY | 15. 00 | 0 | 23, 532, 301 | 0 | | 7. 00 |
| 8. 00 | ADULTS & PEDIATRICS | 30.00 | 0 | 35, 849 | o O | | 8. 00 |
| 9. 00 | INTENSIVE CARE UNIT | 31.00 | 0 | • | 0 | | 9. 00 |
| 10.00 | NEWBORN INTENSIVE CARE UNIT | 35. 00 | 0 | 145 | o O | | 10.00 |
| 11. 00 | SUBPROVI DER - I PF | 40.00 | 0 | 19 | 0 | | 11. 00 |
| 12. 00 | OPERATING ROOM | 50.00 | 0 | 66, 262 | 0 | | 12. 00 |
| 14. 00 | RECOVERY ROOM | 51.00 | 0 | 329 | 0 | | 14. 00 |
| 16. 00 | RADI OLOGY-DI AGNOSTI C | 54. 00 | 0 | 1 1 | 0 | | 16. 00 |
| 17. 00 | RADI OLOGY SPECI AL PROCEDURES | 54. 00 54. 01 | 0 | 689 | 0 | | 17. 00 |
| 19. 00 | COMPUTED TOMOGRAPHY | 55. 01 | 0 | | 0 | | 19. 00 |
| 20. 00 | NUCLEAR MEDICINE | 63. 01 | 0 | 97, 914 | 0 | | 20. 00 |
| 21. 00 | RESPIRATORY THERAPY | 65. 00 | 0 | 5, 140 | 0 | | 21. 00 |
| 22. 00 | PHYSI CAL THERAPY | 66.00 | 0 | 13, 222 | 0 | | 22. 00 |
| 24. 00 | CARDI OVASCULAR SERVI CES | 76. 02 | 0 | 205 | 0 | | 24. 00 |
| 25. 00 | CARDI AC REHABI LI TATI ON | 76. 03 | 0 | 7 | 0 | | 25. 00 |
| 26. 00 | WOUND CARE | 76. 08 | 0 | 30, 731 | o O | | 26. 00 |
| 27. 00 | I NFUSI ON | 76. 10 | 0 | 24, 819 | 0 | | 27. 00 |
| 28. 00 | OCC HEALTH CLINIC | 90. 01 | 0 | | o O | | 28. 00 |
| 29. 00 | SPECIALTY CLINIC | 90. 03 | 0 | 15 | 0 | | 29. 00 |
| 30.00 | EMERGENCY | 91.00 | 0 | | 0 | | 30.00 |
| 31. 00 | HOME HEALTH AGENCY | 101.00 | 0 | 5, 236 | 0 | | 31. 00 |
| 33.00 | WORKING WELL | 192. 01 | 0 | 71, 244 | 0 | | 33. 00 |
| 34. 00 | PARAMED ED PRGM-EMT | 23. 05 | 0 | 1, 595 | 0 | | 34. 00 |
| 35. 00 | CARDIAC CATHETERIZATION | 59. 00 | 0 | 628 | 0 | | 35. 00 |
| 36. 00 | HOUSEKEEPI NG | 9.00 | 0 | 31 | 0 | | 36. 00 |
| 30.00 | TOTALS | | <u> </u> | | | | 30.00 |
| | F - RADI OLOGY ADMINI STRATI ON | | U | 24, 050, 115 | | | |
| 1. 00 | RADI OLOGY - DI AGNOSTI C | 54.00 | 52, 091 | 0 | 0 | | 1. 00 |
| 2.00 | INTERIOR DI AUNUSTITO | 0.00 | JZ, U71 | | 0 | | 2. 00 |
| 3. 00 | | 0.00 | 0 | | | | 3. 00 |
| 4. 00 | | 0.00 | 0 | 0 | 0 | | 4. 00 |
| 4. 00 5. 00 | | 0.00 | 0 | | 0 | | 5. 00 |
| 5.00 | TOTALS — — — — | | <u></u> 52, 091 | <u> </u> | ├─ <i>─</i> | | 3.00 |
| | G - MEDICAL EDUCATION | | 32, 091 | | | | |
| 1. 00 | G - WILDI CAL EDUCATION | 0.00 | 0 | 0 | 0 | | 1. 00 |
| 1.00 | TOTALS — — — — — | | | <u> </u> | ├─ | | 1.00 |
| | H - PARAMEDICAL EDUCATION | | U | <u> </u> | | | \perp |
| 1 00 | LABORATORY | 60.00 | 0 | 68, 672 | 0 | | 1. 00 |
| 1. 00 2. 00 | RADI OLOGY-DI AGNOSTI C | | 0 | 1 | 0 | | 2.00 |
| | 1 | 54.00 | 0 | 8, 400 | | | 1 |
| 3.00 | PARAMED ED PRGM - RESP THER | 23. 03 | 0 | 354 | 0 | | 3. 00 |
| 4.00 | PARAMED ED PRGM-PHARMACY | 23. 04 | 70.410 | 149, 208 | 0 | | 4. 00 |
| 5.00 | PHARMACY | 15.00 | 78, 448 | | 0 | | 5. 00 |
| 6. 00 | LABORATORY | 60.00 | | 68, 672 | | | 6. 00 |
| | TOTALS | | 78, 448 | 295, 306 | | | <u> </u> |
| | | | | | | | |

RECLASSI FI CATIONS

Provider CCN: 15-0004

Peri od: Worksheet A-6 From 01/01/2021 To 12/31/2021 Date/Ti me Prepared:

500.00

5/30/2022 8:09 pm Decreases Wkst. A-7 Ref. Cost Center Li ne # Sal ary 0ther 6.00 7.00 8.00 9.00 10.00 - PROFESSIONAL SUPPORT SERVICES PHYSI CAL THERAPY 66.00 101, 714 33, 747 0 1.00 0 2.00 0.00 2.00 3.00 0.00 0 3.00 0 4.00 0.00 0 4.00 TOTALS 101, 714 33, 747 J - RENT 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 32, 758 10 1.00 2.00 OTHER ADMINISTRATIVE AND 5.05 0 28, 160 10 2.00 GENERAL 3.00 LAUNDRY & LINEN SERVICE 8.00 0 252 10 3.00 NURSING ADMINISTRATION 0 40,063 4.00 13.00 10 4.00 5.00 CENTRAL SERVICES & SUPPLY 14.00 0 4,033 10 5.00 6.00 PHARMACY 15.00 0 6, 537 10 6.00 0 7.00 PARAMED ED PRGM-EMT 23.05 2.363 10 7.00 ADULTS & PEDIATRICS 30.00 10 8.00 10, 624 8.00 9.00 INTENSIVE CARE UNIT 31.00 0 1, 710 10 9.00 11.00 OPERATING ROOM 50.00 9, 771 11.00 10 65.00 RESPIRATORY THERAPY 0 18, 400 12.00 10 12.00 I NFUSI ON 0 13.00 76.10 762, 747 10 13 00 14.00 OCC HEALTH CLINIC 90.01 0 22, 275 10 14.00 91.00 0 10 15.00 EMERGENCY 180 15.00 16.00 HOME HEALTH AGENCY 101.00 0 129, 175 10 16.00 17.00 WORKING WELL 192.01 6<u>5, 5</u>82 10 17.00 TOTALS 1, 134, 630 K - NURSERY 1.00 ADULTS & PEDIATRICS 30.00 <u>1, 134, 5</u>31 400, 113 0 1.00 **TOTALS** 1, 134, 531 400, 113 - RENAL DIALYSIS 30. 00 1.00 277. 923 300, 051 ADULTS & PEDIATRICS 0 1.00 TOTALS 277, 923 300, 051 M - IMPLANTABLE DEVICES 1.00 0.00 0 1.00 TOTALS ō N - SPECIALTY CLINIC 1.00 OPERATION OF PLANT 7. 00 1, 306 0 1.00 ō TOTALS 1, 306 O - INTEREST EXPENSE INTEREST EXPENSE 1.00 113.00 0 214, 057 11 1.00 OTHER ADMINISTRATIVE AND 2.00 5.05 0 1, 627, 976 0 2.00 GENERAL PHARMACY 3.00 15.00 0 3.00 456 INTEREST EXPENSE 9, 923 4.00 113.00 12 4.00 TOTALS ō 1, 852, 412 P - MISC A&G 1.00 INTEREST EXPENSE 113.00 9,923 11 1.00 9, 923 **TOTALS** Q - CATH LAB RECOVERY 1.00 0.00 1.00 0 0 TOTALS

2, 315, 141

45, 849, 710

500.00 Grand Total: Decreases

In Lieu of Form CMS-2552-10
Period: Worksheet A-7
From 01/01/2021 Part I Provider CCN: 15-0004

| | | | | | rom 01/01/2021 o 12/31/2021 | Part Date/Time Pre | nared· |
|--------|---|------------------|-------------|-----------------|--------------------------------|---------------------------|--------|
| | | | | | 0 12/01/2021 | 5/30/2022 8:0 | |
| | | | | Acqui si ti ons | | | |
| | | Begi nni ng | Purchases | Donati on | Total | Di sposal s and | |
| | | Bal ances | | | | Retirements | |
| | | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | | | | | T | |
| 1.00 | Land | 5, 547, 620 | 0 | 0 | 0 | 7, 026 | 1. 00 |
| 2.00 | Land Improvements | 3, 655, 975 | 0 | 0 | 0 | 0 | 2. 00 |
| 3.00 | Buildings and Fixtures | 44, 408, 071 | 67, 789 | | 67, 789 | | 3. 00 |
| 4.00 | Building Improvements | 117, 879 | 29, 800 | 0 | 29, 800 | | 4. 00 |
| 5.00 | Fi xed Equipment | 168, 093, 971 | 4, 019, 991 | 0 | 4, 019, 991 | 33, 456, 875 | 5. 00 |
| 6.00 | Movable Equipment | 664, 541 | 0 | 0 | 0 | 42, 149 | |
| 7.00 | HIT designated Assets | 0 | 0 | 0 | 0 | 0 | 7. 00 |
| 8.00 | Subtotal (sum of lines 1-7) | 222, 488, 057 | 4, 117, 580 | 0 | 4, 117, 580 | 33, 769, 656 | 8. 00 |
| 9.00 | Reconciling Items | 0 | 0 | 0 | 0 | 0 | 9. 00 |
| 10.00 | Total (line 8 minus line 9) | 222, 488, 057 | 4, 117, 580 | 0 | 4, 117, 580 | 33, 769, 656 | 10. 00 |
| | | Endi ng Bal ance | Fully | | | | |
| | | | Depreciated | | | | |
| | | 4.00 | Assets | | | | |
| | DART I ANALYCIC OF QUANCES IN CARLTAL ACCE | 6.00 | 7. 00 | | | | |
| 4 00 | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | | | | | | 4 00 |
| 1.00 | Land | 5, 540, 594 | 0 | | | | 1.00 |
| 2.00 | Land Improvements | 3, 655, 975 | 0 | | | | 2. 00 |
| 3.00 | Buildings and Fixtures | 44, 212, 254 | 0 | | | | 3. 00 |
| 4.00 | Building Improvements | 147, 679 | 0 | | | | 4.00 |
| 5.00 | Fi xed Equi pment | 138, 657, 087 | 0 | | | | 5. 00 |
| 6.00 | Movable Equipment | 622, 392 | 0 | | | | 6. 00 |
| 7.00 | HIT designated Assets | 0 | 0 | | | | 7. 00 |
| 8.00 | Subtotal (sum of lines 1-7) | 192, 835, 981 | 0 | | | | 8. 00 |
| 9.00 | Reconciling Items | 100 005 004 | 0 | | | | 9. 00 |
| 10. 00 | Total (line 8 minus line 9) | 192, 835, 981 | 0 | | | | 10. 00 |

| Heal th | Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu | | | | u of Form CMS-2 | 2552-10 | |
|---------|--|------------------|----------------|---------------|--|---------------|--------|
| RECON | CILIATION OF CAPITAL COSTS CENTERS | | Provider CO | CN: 15-0004 | Peri od: From 01/01/2021 To 12/31/2021 | Date/Time Pre | pared: |
| | | | SU | JMMARY OF CAF | PITAL | 5/30/2022 8:0 | 9 piii |
| | 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, COLUM | N 2, LINES 1 a | nd 2 | | | |
| 1.00 | CAP REL COSTS-BLDG & FIXT | 23, 027, 838 | 0 | | 0 0 | 0 | 1.00 |
| 2.00 | CAP REL COSTS-MVBLE EQUIP | 0 | 0 | | 0 0 | 0 | 2. 00 |
| 3.00 | Total (sum of lines 1-2) | 23, 027, 838 | 0 | | 0 0 | 0 | 3. 00 |
| | | SUMMARY O | 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 | KSHEET A, COLUM | N 2, LINES 1 a | nd 2 | | | |
| 1.00 | CAP REL COSTS-BLDG & FLXT | 0 | 23, 027, 838 | | | | 1. 00 |
| 2.00 | CAP REL COSTS-MVBLE EQUIP | 0 | 0 | | | | 2. 00 |
| 3. 00 | Total (sum of lines 1-2) | 0 | 23, 027, 838 | | | | 3. 00 |

| Health Financial Systems | FRANCI SCAN HE | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|---|---|------------------|----------------------------|------------------|------------------|---------|
| RECONCILIATION OF CAPITAL COSTS CENTERS | From 01/01/2021 Part III To 12/31/2021 Date/Time F | | | | | pared: |
| | COM | PUTATION OF RAT | TI OS | ALLOCATION OF | OTHER CAPITAL | |
| Cost Center Description | Gross Assets | Capi tal i zed | Gross Assets | | Insurance | |
| | | Leases | for Ratio (col. 1 - col | instructions) | | |
| | | | 2) | | | |
| | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| PART III - RECONCILIATION OF CAPITAL COSTS CE | ENTERS | | | | | |
| 1.00 CAP REL COSTS-BLDG & FIXT | 0 | 0 | | 0 1.000000 | 0 | 1.00 |
| 2. 00 CAP REL COSTS-MVBLE EQUIP | 0 | 0 | | 0.000000 | | 2.00 |
| 3.00 Total (sum of lines 1-2) | ALLOCA | TION OF OTHER (| NDI TAI | 0 1.000000 | DF CAPITAL | 3. 00 |
| | ALLUCA | IION OF OTHER (| DAPITAL | SUIVIIVIART | F CAPITAL | |
| Cost Center Description | Taxes | 0ther | Total (sum of | Depreciation | Lease | |
| | | Capi tal -Relate | | | | |
| | | d Costs | through 7) | 0.00 | 10.00 | |
| DADT III DECONCILIATION OF CADITAL COCTO OF | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10.00 | |
| PART III - RECONCILIATION OF CAPITAL COSTS CE | INTERS | | | 0 25, 378, 574 | 1, 044, 440 | 1. 00 |
| 2.00 CAP REL COSTS-BLDG & FIXT | | | | 0 25, 376, 374 | | |
| 3.00 Total (sum of lines 1-2) | | | | 0 31, 260, 419 | | |
| 3.00 10tai (3aii 01 111103 1 2) | | SI | JMMARY OF CAPI | | 1, 134, 030 | 3. 00 |
| | | 0.0 | | ., | | |
| Cost Center Description | Interest | Insurance (see | Taxes (see | 0ther | Total (2) (sum | |
| | | instructions) | instructions) | Capi tal -Relate | | |
| | | | | d Costs (see | through 14) | |
| | 11.00 | 12.00 | 12.00 | instructions) | 15.00 | |
| PART III - RECONCILIATION OF CAPITAL COSTS CE | 11.00 | 12.00 | 13.00 | 14. 00 | 15. 00 | |
| 1.00 CAP REL COSTS-BLDG & FLXT | 223, 980 | 126, 068 | | 0 1, 392, 072 | 28, 165, 134 | 1. 00 |
| 2.00 CAP REL COSTS-MVBLE EQUIP | 223, 700 | 120,000 | | 0 1, 372, 072 | | 2.00 |
| 3.00 Total (sum of lines 1-2) | 223, 980 | 126, 068 | 1 | 0 1, 392, 072 | | |
| | | | ' | | | |

Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 ADJUSTMENTS TO EXPENSES Provider CCN: 15-0004 Peri od: Worksheet A-8 From 01/01/2021 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted Cost Center Description Basis/Code (2) Amount Cost Center Line # Wkst. A-7 Ref. 1.00 2.00 3.00 4.00 5.00 1.00 Investment income - CAP REL OCAP REL COSTS-BLDG & FIXT 1. 00 1.00 COSTS-BLDG & FIXT (chapter 2) 2.00 Investment income - CAP REL OCAP REL COSTS-MVBLE EQUIP 2.00 2.00 COSTS-MVBLE EQUIP (chapter 2) 3.00 Investment income - other В OINTEREST EXPENSE 113.00 3.00 (chapter 2) Trade, quantity, and time 4 00 4 00 0 00 discounts (chapter 8) 5.00 Refunds and rebates of В -579, 615 CENTRAL SERVICES & SUPPLY 14.00 5.00 expenses (chapter 8) Rental of provider space by 6.00 0.00 6.00 suppliers (chapter 8) Tel ephone servi ces (pay OOTHER ADMINISTRATIVE AND 7.00 R 5.05 7.00 stations excluded) (chapter GENERAL 8.00 Tel evi si on and radio servi ce 0.00 8.00 (chapter 21) Parking lot (chapter 21) 9.00 0.00 9.00 Provider-based physician -673 136 10.00 10.00 A-8-2 adj ustment ORADI OLOGY-DI AGNOSTI C 11.00 Sale of scrap, waste, etc. В 54.00 11.00 (chapter 23) Related organization 12.00 A-8-1 -309, 696 12.00 transactions (chapter 10) 13 00 Laundry and linen service 0 00 13 00 В 14.00 Cafeteria-employees and guests В -137, 279 CAFETERI A 11.00 14.00 Rental of quarters to employee 15.00 15.00 0.00 and others 16.00 Sale of medical and surgical 0.00 16.00 0 supplies to other than pati ents 17.00 Sale of drugs to other than 0.00 0 17.00 pati ents OOTHER ADMINISTRATIVE AND 18.00 Sale of medical records and В 5.05 18.00 GENERAL abstracts Nursing and allied health 19 00 19 00 0 00 education (tuition, fees, books, etc.) 20.00 Vending machines -17, 457 CAFETERI A 11.00 20.00 В Income from imposition of 21.00 0.00 21.00 interest, finance or penalty charges (chapter 21) 22.00 22.00 Interest expense on Medicare 0 0.00 overpayments and borrowings to repay Medicare overpayments 23.00 Adjustment for respiratory A-8-3 ORESPIRATORY THERAPY 65.00 23.00 therapy costs in excess of limitation (chapter 14) OPHYSICAL THERAPY 24.00 Adjustment for physical A-8-3 66.00 24 00 therapy costs in excess of limitation (chapter 14) 25.00 Utilization review 0 *** Cost Center Deleted *** 114.00 25.00 physicians' compensation (chapter 21) Depreciation - CAP REL OCAP REL COSTS-BLDG & FIXT 26.00 1.00 26.00 COSTS-BLDG & FLXT Depreciation - CAP REL OCAP REL COSTS-MVBLE EQUIP 27.00 2.00 27.00 COSTS-MVBLE EQUIP 28.00 0 *** Cost Center Deleted *** 19.00 28.00 Non-physician Anesthetist Physicians' assistant 29 00 29.00 0.00 30.00 Adjustment for occupational A-8-3 O OCCUPATIONAL THERAPY 67.00 30.00 therapy costs in excess of limitation (chapter 14) Hospice (non-distinct) (see 30.99 OADULTS & PEDIATRICS 30.00 30.99 instructions)

OSPEECH PATHOLOGY

-176, 108 DI ETARY

68.00

0.00

10.00

31.00

32.00

0 33.00

33.00 SELECT MEALS

Adjustment for speech

CAH HIT Adjustment for

Depreciation and Interest

pathology costs in excess of limitation (chapter 14)

A-8-3

В

31.00

32.00

From 01/01/2021 | To 12/31/2021 | Date/Time Prepared:

| | | | | To | 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|------------------|---------------------------------|------------------|----------------|----------------------------------|-------------|-----------------------------|--------|
| | | | | Expense Classification on | Worksheet A | 0,00,2022 0.0 | , p |
| | | | | To/From Which the Amount is | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Cost Center Description | Basi s/Code (2) | Amount | Cost Center | Li ne # | Wkst. A-7 Ref. | |
| | TOTUES ODERATING DEVENUE | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | 00.01 |
| 33. 01 | OTHER OPERATING REVENUE | В | | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | | |
| 33. 02 | OTHER OPERATING REVENUE | В | | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 02 |
| 22 02 | OTHER OREDATING REVENUE | D | | GENERAL | 0.00 | | 33. 03 |
| 33. 03 | OTHER OPERATING REVENUE | В | · | LAUNDRY & LINEN SERVICE | 8.00 | | |
| 33. 04 | LOBBYI NG EXPENSE | A | -5, 310 | OTHER ADMINISTRATIVE AND GENERAL | 5. 05 | 0 | 33. 04 |
| 33. 05 | OTHER OPERATING REVENUE | В | _2 797 | NURSING ADMINISTRATION | 13. 00 | 0 | 33. 05 |
| 33. 06 | OTHER OPERATING REVENUE | В | | PHARMACY | 15. 00 | | |
| 33. 07 | UNNECESSARY BORROWING | A | | INTEREST EXPENSE | 113. 00 | | 33. 07 |
| 33. 08 | OTHER OPERATING REVENUE | В | | LABORATORY | 60.00 | | 33. 08 |
| 33. 09 | OTHER OPERATING REVENUE | В | | SUBPROVI DER - I PF | 40. 00 | | 33. 09 |
| 33. 10 | GOODWI LL | A | | OTHER ADMINISTRATIVE AND | 5. 05 | | 33. 10 |
| 000 | 0000111 22 | ,, | 7.7,100 | GENERAL | 0.00 | Ĭ | 00.10 |
| 33. 11 | ADVERTISING EXPENSE | A | -274 | EMERGENCY | 91.00 | 0 | 33. 11 |
| 33. 12 | ADVERTISING EXPENSE | A | | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 33. 12 |
| 33. 13 | ADVERTISING EXPENSE | A | -5, 551 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 13 |
| | | | | GENERAL | | | |
| 33. 14 | ADVERTISING EXPENSE | В | -808 | NURSING ADMINISTRATION | 13.00 | 0 | 33. 14 |
| 33. 15 | ADVERTISING EXPENSE | В | -79 | PARAMED ED PRGM - LAB 4+1 | 23. 01 | 0 | 33. 15 |
| 33. 16 | HAF ASSESSMENT | A | -3, 181, 842 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 16 |
| | | | | GENERAL | | | |
| 33. 17 | PENSION COST | A | 1, 906, 680 | EMPLOYEE BENEFITS DEPARTMENT | 4. 00 | 0 | 33. 17 |
| 33. 18 | OTHER OPERATING REVENUE | В | | RADI OLOGY-DI AGNOSTI C | 54. 00 | 0 | 33. 18 |
| 33. 19 | OUTSOURCED STAFF | A | -656, 885 | EMERGENCY | 91. 00 | 0 | 33. 19 |
| 33. 20 | ADVERTISING EXPENSE | A | | ADULTS & PEDIATRICS | 30.00 | | 33. 20 |
| 33. 21 | SALE OF MEDICAL RECORDS | В | -3, 575 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 21 |
| | | | | GENERAL | | _ | |
| 33. 22 | PODIATRY RESIDENTS ADD ON | A | 231, 743 | I &R SERVICES-OTHER PRGM | 22. 00 | 0 | 33. 22 |
| 00.00 | ADVEDTICING EVENICE | | 0.4 | COSTS APPRV | 40.00 | | 00.00 |
| 33. 23 | ADVERTISING EXPENSE | A | | SUBPROVI DER - I PF | 40.00 | | |
| 33. 24 | ADVERTISING EXPENSE | A | | OPERATING ROOM | 50.00 | | 33. 24 |
| 33. 25 33. 26 | ADVERTISING EXPENSE | A | | PHYSI CAL THERAPY | 66.00 | | |
| 33. 20 | RESEARCH PRIVATE INDUSTRY | A | -9, 449 | OTHER ADMINISTRATIVE AND GENERAL | 5. 05 | 0 | 33. 20 |
| 33. 27 | MI SCELLANEOUS I NCOME | В | _27 010 | ADULTS & PEDIATRICS | 30.00 | 0 | 33. 27 |
| 33. 28 | ADVERTISING EXPENSE | A | | CARDI OVASCULAR SERVI CES | 76. 02 | | 33. 28 |
| 33. 29 | PROGRAM FEES | В | | LABORATORY | 60.00 | | 1 |
| 33. 30 | ADVERTISING EXPENSE | A | | I NFUSI ON | 76. 10 | | |
| 33. 31 | ADVERTISING EXPENSE | A | | OCC HEALTH CLINIC | 90. 01 | | |
| 33. 32 | CONTRA SALARI ES | A | | OTHER ADMINISTRATIVE AND | 5. 05 | | 1 |
| 00.02 | 00111111 071271111 20 | ,, | 1,027,770 | GENERAL | 0.00 | Ĭ | 00.02 |
| 33. 33 | RESEARCH PRIVATE INDUSTRY | В | 0 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 33 |
| | | | | GENERAL | | | |
| 33. 34 | MI SCELLANEOUS I NCOME | В | 0 | ADULTS & PEDIATRICS | 30.00 | 0 | 33. 34 |
| 33. 35 | ADVERTISING EXPENSE | A | | PHYSI CAL THERAPY | 66.00 | | |
| 33. 36 | MISC OTHER OPERATING | В | 0 | CAP REL COSTS-BLDG & FIXT | 1.00 | 11 | 33. 36 |
| 33. 37 | MISC OTHER OPERATING | В | | OTHER ADMINISTRATIVE AND | 5.05 | | 33. 37 |
| | | | | GENERAL | | | |
| 33. 38 | PATIENT INT | В | | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 38 |
| | | | | GENERAL | | | |
| 33. 39 | PROGRAM FEES | В | | LABORATORY | 60.00 | | |
| 33. 40 | EMERGENCY MED ED | В | | EMERGENCY | 91. 00 | 0 | 33. 40 |
| 50. 00 | , | | -3, 547, 273 | | | | 50. 00 |
| | (Transfer to Worksheet A, | | | | | | |
| | column 6, line 200.) | | | | | | L |
| (1) 1) | ecrintion - all chanter referen | scoe in this col | umn nortain to | S CMS DUB TET | | | |

⁽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.
(2) Additional adjustments must be made and applicable and cubes into these fields.

⁽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: 15-0004 From 01/01/2021 To 12/31/2021 Date: 5/30/2022 8:09 pm

| OTTTOL | 00313 | | | To 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|--------|---|-------------------------------|-----------------------------|------------------|-----------------------------|-------|
| | Li ne No. | Cost Center | Expense Items | Amount of | Amount | |
| | | | | Allowable Cost | | |
| | | | | | 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 | ORGANIZATIONS OR | CLAI MED | |
| 1. 00 | HOME OFFICE COSTS: | CAP REL COSTS-BLDG & FLXT | ALLOWABLE NEW CAPITAL COSTS | 1, 392, 072 | 0 | 1. 00 |
| 2.00 | 0.00 | | ALLOWABLE NEW CAFTTAL COSTS | 1, 392, 072 | 0 | 2. 00 |
| 3.00 | 0.00 | | | | 0 | 3. 00 |
| 4. 00 | 0.00 | | | | 0 | 4. 00 |
| 4. 00 | 1 1 1 | OTHER ADMINISTRATIVE AND GEN | ADMINISTRATIVE & CENERAL | 21, 325, 013 | 29, 497, 708 | |
| 4. 01 | 0.00 | l . | ADMINISTRATIVE & GENERAL | 21, 323, 013 | 29, 497, 700 | 4. 01 |
| 4. 02 | | PHARMACY | COVP / PHARMACY | 190, 881 | _ | 4. 02 |
| 4. 04 | 1 1 1 | MEDICAL RECORDS & LIBRARY | MEDI CAL RECORDS | 884, 468 | | 4. 03 |
| 4. 05 | | INTEREST EXPENSE | I NTEREST | 492, 827 | | 4. 05 |
| 4. 06 | | OTHER ADMINISTRATIVE AND GEN | | 472, 027 | | |
| 4. 07 | | DRUGS CHARGED TO PATIENTS | PHARMACY | 154, 077 | | 4. 07 |
| 4. 08 | 0.00 | | I HARWACT | 134,077 | 303, 704 | 4. 07 |
| 4. 09 | 0.00 | l . | | 0 | | 4. 00 |
| 4. 10 | 0.00 | | | 0 | | 4. 10 |
| 4. 11 | 1 | OPERATING ROOM | SURGERY | 4, 353 | 44.043 | 4. 11 |
| 4. 12 | | SPEECH PATHOLOGY | SPEECH THERAPY | 430 | | |
| 4. 13 | | RADI OLOGY-DI AGNOSTI C | RADI OLOGY | 7, 331 | | |
| 4. 14 | | ULTRASOUND | ULTRASOUND | 1, 411 | | |
| 4. 15 | | COMPUTED TOMOGRAPHY | COMPUTED TOMOGRAPHY | 22, 487 | · · | 4. 15 |
| 4. 16 | | LABORATORY | CHEMI STRY | 431, 384 | · | |
| 4. 17 | | | BLOOD BANK | 41 | | |
| 4. 18 | 0.00 | | NUCLEAR MEDICINE | 0 | | 4. 18 |
| 4. 19 | 1 | RESPI RATORY THERAPY | RESPIRATORY CARE | 5, 022 | 14, 251 | 4. 19 |
| 4. 20 | | PHYSI CAL THERAPY | PHYSI CAL THERAPY | 13, 993 | | |
| 4. 21 | | OCCUPATIONAL THERAPY | OCCUPATI ONAL THERAPY | 2, 608 | · · | 4. 21 |
| 4. 22 | | | NON-INVASIVE VASCULAR | 41, 057 | · | 4. 22 |
| 4. 23 | | CARDI AC REHABI LI TATI ON | CARDI AC REHAB | 297 | | |
| 4. 24 | 76. 05 | l . | MRI | 3, 420 | · | |
| 4. 25 | | PSYCH ACTIVITY THERAPY | PSYCH THERAPY SERVICES | 2, 657, 274 | · | |
| 4. 26 | | EMERGENCY | EMERGENCY ROOM | 249, 292 | | 4. 26 |
| 4. 27 | | SUBPROVIDER - IPF | PYSCH UNIT OVERHEAD | 2, 947, 766 | | 4. 27 |
| 5. 00 | TOTALS (sum of lines 1-4). | | | 30, 827, 504 | | |
| | Transfer column 6, line 5 to | | | | | |
| | Worksheet A-8, column 2, | | | | | |
| | line 12. | | | | | _ |
| * TI | | | | | | |

* 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.

| r er ilibur | Sement under title XVIII. | | | | | |
|-------------|---------------------------|-----------------|--------|-----------------|---------|--------|
| 6.00 | В | FRANCISCAN ALLI | 100.00 | FRANCISCAN ALLI | 100. 00 | 6. 00 |
| 7.00 | | | 0.00 | | 0.00 | 7. 00 |
| 8.00 | | | 0.00 | | 0.00 | 8. 00 |
| 9.00 | | | 0.00 | | 0.00 | 9. 00 |
| 10.00 | | | 0.00 | | 0.00 | 10. 00 |
| 100.00 | G. Other (financial or | | | | | 100.00 |
| | non-financial) specify: | | | | 1 | |

| Heal th | Financial Systems | FRANCISCAN HE | FRANCISCAN HEALTH HAMMOND | | | In Lieu of Form CMS-2552-10 | | |
|---------|-------------------------------|-------------------------------|---------------------------|--|----------------------------------|-----------------------------|-----|--|
| | ENT OF COSTS OF SERVICES FROM | RELATED ORGANIZATIONS AND HOM | ME Provider (| CCN: 15-0004 | Peri od: | Worksheet A-8 | 3-1 | |
| OFFICE | COSTS | | | | From 01/01/2021 To 12/31/2021 | | | |
| | | · | | Related Organization(s) and/or Home Office | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Symbol (1) | Name | Percentage of | 1 | Name | Percentage of | | |
| | | | Ownershi p | | | Ownershi p | | |
| | 1. 00 | 2. 00 | 3.00 | 4 | 4. 00 | 5. 00 | | |

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider. C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- 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 provi der.

| | | | | | To 12/31/2021 | Date/Time Pro 5/30/2022 8:0 | epared: |
|-------|-----------------|----------------|-----------------------------------|--------------------------|-------------------|-----------------------------|---------|
| | Net | Wkst. A-7 Ref. | | | | 3/30/2022 0.0 |) Pili |
| | Adjustments | WKSt. A 7 KCI. | | | | | |
| | (col. 4 minus | | | | | | |
| | col. 5)* | | | | | | |
| | 6. 00 | 7. 00 | | | | | |
| | | | ENTS REQUIRED AS A RESULT OF TRAN | SACTIONS WITH RELATED OF | RGANIZATIONS OR C | CLAI MED | |
| | HOME OFFICE COS | | | | | | |
| 1.00 | 1, 392, 072 | 14 | | | | | 1.00 |
| 2.00 | l o | 0 | | | | | 2.00 |
| 3.00 | o | 0 | | | | | 3.00 |
| 4.00 | o | 0 | | | | | 4.00 |
| 4.01 | -8, 172, 695 | 0 | | | | | 4. 01 |
| 4.02 | 0 | 0 | | | | | 4. 02 |
| 4.03 | 190, 881 | 0 | | | | | 4. 03 |
| 4.04 | 884, 468 | 0 | | | | | 4. 04 |
| 4.05 | -1, 146, 665 | 0 | | | | | 4. 05 |
| 4.06 | 10, 291, 803 | 0 | | | | | 4. 06 |
| 4.07 | -409, 887 | 0 | | | | | 4. 07 |
| 4.08 | O | 0 | | | | | 4. 08 |
| 4.09 | o | 0 | | | | | 4. 09 |
| 4. 10 | o | 0 | | | | | 4. 10 |
| 4. 11 | -39, 690 | 0 | | | | | 4. 11 |
| 4. 12 | -1, 484 | 0 | | | | | 4. 12 |
| 4. 13 | -75, 298 | 0 | | | | | 4. 13 |
| 4.14 | -18, 059 | 0 | | | | | 4. 14 |
| 4. 15 | -230, 960 | 0 | | | | | 4. 15 |
| 4. 16 | -2, 816, 626 | 0 | | | | | 4. 16 |
| 4. 17 | -299 | 0 | | | | | 4. 17 |
| 4. 18 | o | 0 | | | | | 4. 18 |
| 4. 19 | -9, 229 | 0 | | | | | 4. 19 |
| 4. 20 | -19, 295 | 0 | | | | | 4. 20 |
| 4. 21 | -8, 195 | 0 | | | | | 4. 21 |
| 4. 22 | -472, 037 | 0 | | | | | 4. 22 |
| 4.23 | -3, 411 | 0 | | | | | 4. 23 |
| 4.24 | -35, 126 | 0 | | | | | 4. 24 |
| 4. 25 | -843, 861 | 0 | | | | | 4. 25 |
| 4. 26 | -1, 713, 869 | 0 | | | | | 4. 26 |
| 4. 27 | 2, 947, 766 | 0 | | | | | 4. 27 |
| 5.00 | -309, 696 | | | | | | 5. 00 |

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

| Related Organization(s) and/or Home Office | | |
|---|---|--|
| Type of Business | | |
| 6. 00 | | |
| B. INTERRELATIONSHIP TO 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.

| 6.00 | 6. 00 |
|---|----------------|
| 7.00 | 7. 00 |
| 8.00 | 8. 00 9. 00 |
| 9.00 | 9. 00 |
| 10.00 | 10.00 |
| 6. 00 7. 00 8. 00 9. 00 10. 00 100. 00 | 100.00 |

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

| | | | | | | Го 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|-------------------|-----------------|--|-------------------------|---------------------------|----------------------------|----------------------|----------------------------------|-------------------|
| | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration | Professional Component | Provider Component | | Physician/Provider Component | |
| | | racittitici | Remarier at For | Component | Component | | Hours | |
| | 1. 00 | 2.00 | 3.00 | 4.00 | 5. 00 | 6. 00 | 7. 00 | |
| 1. 00 | 5. 05 | OTHER ADMINISTRATIVE AND GENERAL | 139, 174 | 139, 17 | 0 | 197, 500 | 0 | 1. 00 |
| 2.00 | 13. 00 | NURSING ADMINISTRATION | 43, 163 | 33, 50 | 9, 660 | 197, 500 | 25 | 2. 00 |
| 3.00 | | ADULTS & PEDIATRICS | 8, 615 | | | 197, 500 | 62 | 3.00 |
| 4.00 | | NEWBORN INTENSIVE CARE UNIT | 28, 124 | | | | 0 | 4.00 |
| 5. 00 | | SUBPROVI DER - I PF | 46, 267 | 46, 26 | | , | 0 | 5. 00 |
| 6.00 | | OPERATING ROOM | 38, 956 | | | | 0 | 6. 00 |
| 7. 00 8. 00 | | CARDI AC CATHETERI ZATI ON LABORATORY | 33, 280 | | | 197, 500 | 0 74 | 7. 00 8. 00 |
| 9. 00 | | PHYSI CAL THERAPY | 25, 560 5, 520 | 15, 53 | 6 10, 024 0 5, 520 | · · | 41 | 9. 00 |
| 10. 00 | | CARDI OVASCULAR SERVI CES | 136, 610 | 136, 61 | | 197, 500 | 0 | 10. 00 |
| 11. 00 | | CARDI AC REHABI LI TATI ON | 2, 340 | | | 1 | Ö | 11. 00 |
| 12. 00 | | WOUND CARE | 660 | | 0 660 | | 6 | 12.00 |
| 13. 00 | 76. 10 | I NFUSI ON | 2, 800 | 23 | 7 2, 563 | 197, 500 | 21 | 13.00 |
| 14. 00 | | ANTICOAGULATION CLINIC | 17, 300 | 11, 71 | 3 5, 587 | 197, 500 | 80 | 14.00 |
| 15. 00 | | OCC HEALTH CLINIC | 743 | 74 | | | 0 | 15. 00 |
| 16. 00 | 91. 00 | EMERGENCY | 173, 095 | 173, 09 | | 197, 500 | 0 | 16. 00 |
| 200.00 | 14/1 1 2 1 1 // | 0 1 0 1 (5) | 702, 207 | 659, 82 | | D 1.1 | 309 | 200. 00 |
| | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit | | Cost of E Memberships & | | Physician Cost of Malpractice | |
| | | r deliti i i ei | LIIIII | Li mi t | Continuing | Share of col. | Insurance | |
| | | | | Li iiii t | Education | 12 | Trisui ance | |
| | 1. 00 | 2.00 | 8. 00 | 9. 00 | 12. 00 | 13.00 | 14.00 | |
| 1. 00 | 5. 05 | OTHER ADMINISTRATIVE AND | 0 | | 0 0 | 0 | 0 | 1. 00 |
| 0.00 | 40.00 | GENERAL | 0.074 | | | | | 0.00 |
| 2.00 | | NURSI NG ADMI NI STRATI ON | 2, 374 | 11 29 | | | 0 | 2. 00 |
| 3. 00 4. 00 | | ADULTS & PEDIATRICS NEWBORN INTENSIVE CARE UNIT | 5, 887 0 | | 0 0 | · - | 0 | 3. 00 4. 00 |
| 5. 00 | | SUBPROVIDER - IPF | 0 | | 0 0 | | 0 | 5. 00 |
| 6. 00 | | OPERATI NG ROOM | 0 | | 0 0 | 0 | Ö | 6. 00 |
| 7. 00 | | CARDI AC CATHETERI ZATI ON | Ō | | 0 0 | 0 | 0 | 7. 00 |
| 8.00 | 60. 00 | LABORATORY | 8, 766 | 43 | 8 0 | 0 | 0 | 8.00 |
| 9. 00 | | PHYSI CAL THERAPY | 3, 893 | 19 | 5 0 | 0 | 0 | 9. 00 |
| 10. 00 | | CARDI OVASCULAR SERVI CES | 0 | | 0 | 0 | 0 | 10.00 |
| 11. 00 | | CARDI AC REHABI LI TATI ON | 0 | | 0 0 | 0 | 0 | 11.00 |
| 12. 00 | | WOUND CARE | 570 | | 9 0 | 0 | 0 | 12.00 |
| 13. 00 14. 00 | | INFUSION ANTICOAGULATION CLINIC | 1, 994 7, 596 | 10 38 | | 0 | 0 | 13. 00 14. 00 |
| 15. 00 | | OCC HEALTH CLINIC | 7,340 | | 0 0 | 0 | 0 | 15. 00 |
| 16. 00 | | EMERGENCY | l o | | 0 0 | 0 | ő | 16. 00 |
| 200.00 | | | 31, 080 | 1, 55 | 5 0 | 0 | o | |
| | Wkst. A Line # | Cost Center/Physician | Provi der | Adjusted RCE | | Adjustment | | |
| | | ldenti fi er | Component | Limit | Di sal I owance | | | |
| | | | Share of col. | | | | | |
| | 1. 00 | 2.00 | 14 15. 00 | 16. 00 | 17. 00 | 18. 00 | | |
| 1. 00 | | OTHER ADMINISTRATIVE AND | 15.00 | | 0 0 | | | 1. 00 |
| | | GENERAL | | | | | | |
| 2. 00 | | NURSING ADMINISTRATION | 0 | | | 1 | | 2. 00 |
| 3.00 | | ADULTS & PEDIATRICS | 0 | 5, 88 | 2, 483 | 1 | | 3.00 |
| 4.00 | | NEWBORN INTENSIVE CARE UNIT | 0 | | 0 | 28, 124 | | 4.00 |
| 5. 00 | | SUBPROVI DER - I PF | 0 | | 0 | 46, 267 | | 5. 00 |
| 6.00 | | OPERATING ROOM | 0 0 | | 0 0 | 38, 956 | | 6. 00 |
| 7. 00 8. 00 | | CARDI AC CATHETERI ZATI ON LABORATORY | | 8, 76 | - | 33, 280 16, 794 | | 7. 00 8. 00 |
| 9. 00 | | PHYSI CAL THERAPY | 0 | | | 1, 627 | | 9. 00 |
| 10. 00 | | CARDI OVASCULAR SERVI CES | Ö | • | 0 0 | ľ | | 10. 00 |
| 11. 00 | | CARDIAC REHABILITATION | 0 | | 0 0 | 2, 340 | | 11. 00 |
| 12. 00 | | WOUND CARE | 0 | 57 | 0 90 | | | 12.00 |
| 13. 00 | | INFUSION | 0 | 1, 99 | | l | | 13.00 |
| 14. 00 | | ANTI COAGULATION CLINIC | 0 | | | ' ' | | 14. 00 |
| 15. 00 | | OCC HEALTH CLINIC | 0 | | 0 | 743 | | 15. 00 |
| 16. 00 200. 00 | 91.00 | EMERGENCY | 0 0 | • | 0 0 13, 313 | 173, 095 673, 136 | | 16. 00 200. 00 |
| 200.00 | I | I | 1 | 31,00 | 15, 515 | 1 073, 130 | | 200.00 |

| | Financial Systems | FRANCISCAN HEA | | | | u of Form CMS-2 | 2552-10 |
|------------------|--|-----------------------------|----------------------------|-----------------|--------------------------|--------------------------------|------------------|
| COST A | ALLOCATION - GENERAL SERVICE COSTS | | Provi der Co | F | eriod: rom 01/01/2021 | Worksheet B Part I | |
| | | | | | o 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | pared: 9 pm |
| | | | CAPI TAL REI | LATED COSTS | | | |
| | Cost Center Description | Net Expenses | BLDG & FIXT | MVBLE EQUIP | EMPLOYEE | Subtotal | |
| | cost center bescription | for Cost | DEDU & ITAI | MVDEE EQUIT | BENEFITS | Subtotal | |
| | | Allocation | | | DEPARTMENT | | |
| | | (from Wkst A | | | | | |
| | | col. 7) | 1. 00 | 2.00 | 4. 00 | 4A | |
| | GENERAL SERVICE COST CENTERS | 0 | 1.00 | 2.00 | 4. 00 | 47 | |
| 1.00 | 00100 CAP REL COSTS-BLDG & FIXT | 28, 165, 134 | 28, 165, 134 | | | | 1.00 |
| 2.00 | 00200 CAP REL COSTS-MVBLE EQUIP | 5, 972, 035 | | 5, 972, 035 | | | 2. 00 |
| 4.00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | 5, 079, 751 | 151, 558 | | | 40 001 050 | 4.00 |
| 5. 05 6. 00 | 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS | 44, 289, 291 0 | 3, 017, 577 2, 261, 407 | | | 48, 901, 850 2, 261, 407 | 5. 05 6. 00 |
| 7. 00 | 00700 OPERATION OF PLANT | 8, 169, 320 | 1, 488, 570 | | _ | 9, 880, 632 | 7. 00 |
| 8.00 | 00800 LAUNDRY & LINEN SERVICE | 1, 080, 879 | 39, 392 | | | 1, 207, 139 | • |
| 9. 00 | 00900 HOUSEKEEPI NG | 2, 638, 907 | 574, 729 | | | 3, 356, 409 | 9. 00 |
| 10.00 | 01000 DI ETARY | 442, 224 | 600, 276 | | | 1, 109, 837 | |
| 11. 00 13. 00 | 01100 CAFETERIA 01300 NURSI NG ADMINI STRATI ON | 1, 333, 588 2, 878, 838 | 348, 463 386, 496 | | | 1, 731, 733 3, 445, 605 | |
| 14. 00 | 01400 CENTRAL SERVICES & SUPPLY | -74, 156 | 557, 594 | | | 590, 143 | 1 |
| 15. 00 | 01500 PHARMACY | 4, 640, 282 | 334, 253 | | | 5, 215, 062 | 1 |
| 16. 00 | 01600 MEDICAL RECORDS & LIBRARY | 975, 819 | 990, 169 | • | 4, 051 | 1, 970, 039 | |
| 17. 00 | 01700 SOCIAL SERVICE | 0 | 58, 722 | 0 | _ | 58, 722 | |
| 22. 00 23. 00 | 02200 &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY) | 797, 892 | 0 | 0 | 6, 457 | 804, 349 0 | 22. 00 23. 00 |
| 23. 00 | 02301 PARAMED ED PRGM - LAB 4+1 | 195, 502 | 0 | 1, 012 | 11, 511 | 208, 025 | 1 |
| 23. 02 | 02302 PARAMED ED PRGM - RADI OLOGY | 87, 689 | Ö | 0 | | 92, 144 | 1 |
| 23. 03 | 02303 PARAMED ED PRGM - RESP THER | 83, 383 | 0 | 0 | 4, 683 | 88, 066 | |
| 23. 04 | 02304 PARAMED ED PRGM-PHARMACY | 458, 070 | 0 | 0 | | 491, 266 | |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | 15, 532 | 246, 380 | 0 | | 262, 131 | |
| 23. 06 | 02306 PARAMED ED PRGM - LAB 3+1 INPATIENT ROUTINE SERVICE COST CENTERS | 68, 672 | 0 | | 5, 089 | 73, 761 | 23. 06 |
| 30.00 | 03000 ADULTS & PEDIATRICS | 18, 594, 054 | 3, 736, 549 | 549, 562 | 990, 025 | 23, 870, 190 | 30.00 |
| 31.00 | 03100 INTENSIVE CARE UNIT | 3, 137, 139 | 688, 777 | 905, 784 | 151, 669 | 4, 883, 369 | 31. 00 |
| 35.00 | 02040 NEWBORN INTENSIVE CARE UNIT | 1, 476, 012 | 0 | 34, 388 | | 1, 572, 977 | |
| 40. 00 43. 00 | 04000 SUBPROVI DER - I PF 04300 NURSERY | 9, 245, 613 | 0 | 0 | , | 9, 388, 477 | |
| 44. 00 | 04400 SKILLED NURSING FACILITY | 1, 534, 644 | 0 | 0 | , | 1, 618, 717 0 | 1 |
| 45. 00 | 04500 NURSING FACILITY | 0 | Ö | | _ | 0 | • |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50. 00 50. 01 | 05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY | 1, 196, 762 | 1, 911, 481 | 405, 975 0 | | 3, 605, 831 0 | 1 |
| 50. 01 | 05002 OUTPATIENT SURGERY | 187, 749 | 1, 460, 098 | 1 | | 1, 898, 183 | |
| 51. 00 | 05100 RECOVERY ROOM | 267, 724 | 0 | | | 346, 131 | |
| 53.00 | 05300 ANESTHESI OLOGY | 3, 740, 251 | 0 | 0 | 304 | 3, 740, 555 | 53. 00 |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C | 1, 369, 234 | 883, 383 | | | 3, 057, 562 | |
| 54. 01 54. 02 | 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND | 482, 310 512, 684 | 213, 257 106, 159 | | | 851, 151 794, 721 | |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 312,004 | 100, 139 | 144, 373 | 31, 403 | 794, 721 | 1 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 753, 874 | 108, 614 | 611, 600 | 36, 230 | 1, 510, 318 | |
| 57. 00 | 05700 CT SCAN | 0 | 0 | 0 | 0 | 0 | |
| 58. 00 | 05800 MRI | 0 | 0 | 0 | 0 | 710,000 | 58. 00 |
| 59. 00 60. 00 | 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY | 169, 409 5, 817, 325 | 725, 138 | 511, 021 424 | | 710, 098 6, 542, 887 | • |
| 60. 01 | 06001 BLOOD LABORATORY | 3,017,323 | 725, 130 | 0 | | 0, 342, 667 | 1 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 41 | 0 | 0 | 0 | 41 | 1 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 151, 732 | 143, 565 | | | 429, 262 | |
| 65. 00 | 06500 RESPIRATORY THERAPY | 2, 188, 468 | 288, 070 | | | 2, 719, 182 | 1 |
| 66. 00 67. 00 | 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY | 1, 871, 882 529, 600 | 745, 304 68, 857 | | | 2, 743, 206 628, 939 | 1 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 275, 295 | 213, 362 | | | 521, 299 | |
| 69. 00 | 06900 ELECTROCARDI OLOGY | -36, 193 | 119, 899 | | | 102, 127 | |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 5, 881 | 97, 382 | 0 | 353 | 103, 616 | • |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 6, 825, 541 | 0 | 0 | 0 | 6, 825, 541 | |
| 72. 00 73. 00 | 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS | 1, 310, 720 23, 640, 228 | 0 | 0 | 0 | 1, 310, 720 23, 640, 228 | |
| 76. 00 | 03020 PAIN CLINIC | 25, 040, 220 | 0 | 0 | 0 | 23, 040, 220 | 1 |
| 76. 01 | 03950 ORTHOPEDI CS | 276 | 48, 325 | 51 | 0 | 48, 652 | 1 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 936, 020 | 425, 470 | 195, 368 | 15, 621 | 1, 572, 479 | |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 909, 985 | 91, 635 | | | 1, 125, 432 | |
| 76. 04 76. 05 | 03190 RADI ATI ON ONCOLOGY 03951 MRI | 24, 729 154, 721 | 954, 852 209, 078 | | ., | 981, 434 390, 442 | |
| 76. 05 76. 06 | 03951 MRI 03952 BARI ATRI C CENTER | 154, 721 | 20 9 , 078 | 17,871 | 8, 772 | 390, 442 | 1 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | -843, 861 | Ö | Ö | o o | -843, 861 | |
| 76. 08 | 03953 WOUND CARE | 504, 048 | 341, 410 | | | 883, 218 | 76. 08 |
| 76. 09 | 03954 RENAL DI ALYSI S | 577, 974 | 659, 364 | 0 | 20, 595 | 1, 257, 933 | 76. 09 |
| | | | | | | | |

Period: Worksheet B
From 01/01/2021 Part I
To 1/21/21/2021 Part I Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

| | | | Ť | 0 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|---|----------------------------|--------------|-------------|--------------|--------------------------------|--------------------|
| | | CAPI TAL REL | ATED COSTS | | 5/30/2022 6.0 | 9 piii |
| | | | | | | |
| Cost Center Description | Net Expenses | BLDG & FIXT | MVBLE EQUIP | EMPLOYEE | Subtotal | |
| | for Cost | | | BENEFITS | | |
| | Allocation (from Wkst A | | | DEPARTMENT | | |
| | col. 7) | | | | | |
| | 0 | 1.00 | 2. 00 | 4. 00 | 4A | |
| 76. 10 03955 I NFUSI ON | 2, 590, 483 | 34, 690 | 97, 046 | 159, 056 | 2, 881, 275 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | 0 | 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATION CLINIC | 401, 921 | 0 | 0 | 24, 316 | 426, 237 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | 1 | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | _ | | 0 | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC | 0 | 0 | 0 | · · | 0 | 89. 00 90. 00 |
| 90. 00 09000 CLINIC 90. 01 09001 OCC HEALTH CLINIC | 325, 066 | 0 | 2, 804 | ا | 336, 057 | 90.00 |
| 90. 02 09002 CARDI OLOGY CLINI C | 325,000 | 0 | 2,804 | 0, 107 | 330, 037 | 90.01 |
| 90. 03 09003 SPECI ALTY CLI NI C | 33, 838 | 0 | 10 | 1, 915 | 35, 763 | 90. 03 |
| 91. 00 09100 EMERGENCY | 5, 928, 817 | 814, 631 | 223, 269 | · · · | 7, 309, 187 | 91. 00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | ., | , | , , , | 0 | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 99. 00 09900 CMHC | 0 | 0 | _ | · · | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | ا | 0 | 99. 10 |
| 101. 00 10100 HOME HEALTH AGENCY | 8, 357, 836 | 614, 330 | 36, 422 | 444, 637 | 9, 453, 225 | 101. 00 |
| SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE | | | | | | 112 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 212, 448, 484 | 26, 759, 266 | 5, 972, 035 | 5, 223, 120 | 211, 021, 121 | 113.00 |
| NONREI MBURSABLE COST CENTERS | 212, 440, 404 | 20, 737, 200 | 3, 772, 033 | 5, 225, 120 | 211,021,121 | 110.00 |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 62, 246 | 70, 738 | 0 | 2, 099 | 135, 083 | 190. 00 |
| 190. 01 19001 CONVENT | 5, 884 | 0 | 0 | 0 | 5, 884 | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 190. 02 |
| 190.03 19003 MEDICAL ARTS BUILDING | 218, 337 | 0 | 0 | 0 | 218, 337 | |
| 190. 04 19004 WOMEN'S HEALTH CENTER | 58, 394 | 59, 975 | | 2, 861 | 121, 230 | |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | 0 | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | 0 | - | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY 190. 08 19008 FAMI LY SERVI CES | 0 | 0 | 0 | 0 | | 190. 07 190. 08 |
| 190. 08 19008 FAMILY SERVICES 190. 09 19009 MDWI SE | 0 | 0 | 0 | 0 | | 190. 08 |
| 190. 10 19010 CATHERI NE MCAULEY CLI NI C | | 0 | 0 | | | 190. 09 |
| 190. 11 19011 CENTER OF HOPE | 7, 064 | 26, 278 | 0 | 157 | 33, 499 | |
| 190. 12 19012 SELECT | 0 | 0 | Ö | 0 | · | 190. 12 |
| 190. 13 19013 PERCI NI AS | O | 0 | Ö | O | 0 | 190. 13 |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES | 7, 194 | 323, 804 | 0 | 0 | 330, 998 | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 394, 763 | 0 | 0 | 16, 378 | 411, 141 | 192. 01 |
| 193.00 19300 NONPALD WORKERS | 0 | 0 | 0 | 0 | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 925, 073 | 0 | 0 | 925, 073 | |
| 200.00 Cross Foot Adjustments | | | _ | _ | | 200. 00 |
| 201.00 Negative Cost Centers | 212 202 244 | 0 1/5 104 | 0 | 0 | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 213, 202, 366 | 28, 165, 134 | 5, 972, 035 | 5, 244, 615 | 213, 202, 366 | J2U2. UU |

| Period: | Worksheet B | From 01/01/2021 | Part | To | 12/31/2021 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

| | | | | o 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|---|---|-----------------------|--------------------|----------------------------|--------------------------------|------------------------------|
| Cost Center Description | OTHER ADMI NI STRATI VE AND GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPI NG | у рііі |
| | 5. 05 | 6. 00 | 7. 00 | 8. 00 | 9. 00 | |
| GENERAL SERVICE COST CENTERS | - | | 1 | | | 4 00 |
| 1.00 O0100 CAP REL COSTS-BLDG & FIXT 2.00 O0200 CAP REL COSTS-MVBLE EQUIF | | | | | | 1. 00 2. 00 |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTM | | | | | | 4. 00 |
| 5. 05 00590 OTHER ADMINISTRATIVE AND | | | | | | 5. 05 |
| 6.00 00600 MAINTENANCE & REPAIRS | 670, 982 | l . | | | | 6. 00 |
| 7.00 00700 OPERATION OF PLANT | 2, 931, 682 | | | | | 7. 00 |
| 8.00 00800 LAUNDRY & LINEN SERVICE | 358, 170 | | | | 4 770 202 | 8. 00 |
| 9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY | 995, 880 329, 300 | | | | 4, 778, 202 139, 020 | 9. 00 10. 00 |
| 11. 00 01100 CAFETERI A | 513, 822 | | | | 80, 702 | 11. 00 |
| 13. 00 01300 NURSING ADMINISTRATION | 1, 022, 345 | | | | 89, 510 | 13. 00 |
| 14.00 01400 CENTRAL SERVICES & SUPPLY | 1 | | | | 129, 135 | 14. 00 |
| 15. 00 01500 PHARMACY | 1, 547, 361 | | | | 77, 411 | 15.00 |
| 16. 00 01600 MEDI CAL RECORDS & LI BRAR` 17. 00 01700 SOCI AL SERVI CE | 7 584, 530 17, 423 | | | | 229, 316 13, 599 | 16. 00 17. 00 |
| 22. 00 02200 L&R SERVICES-OTHER PRGM (| | 1 | 0 | o | 0 | 22. 00 |
| 23.00 02300 PARAMED ED PRGM-(SPECIFY) | | l l | 0 | 0 | 0 | 23. 00 |
| 23. 01 02301 PARAMED ED PRGM - LAB 4+1 | | | 0 | 0 | 0 | 23. 01 |
| 23. 02 02302 PARAMED ED PRGM - RADI OL(| | l . | 0 | 0 | 0 | 23. 02 |
| 23. 03 02303 PARAMED ED PRGM - RESP TH 23. 04 02304 PARAMED ED PRGM-PHARMACY | HER 26, 130 145, 764 | | | 0 | 0 | 23. 03 23. 04 |
| 23. 05 02305 PARAMED ED PRGM-EMT | 77, 777 | l . | 150, 805 | 0 | 57, 060 | 23. 04 |
| 23. 06 02306 PARAMED ED PRGM - LAB 3+1 | | | | 0 | 0 | 23. 06 |
| INPATIENT ROUTINE SERVICE COST | | | | | | |
| 30. 00 03000 ADULTS & PEDI ATRI CS | 7, 082, 601 | | | | 865, 357 | 30.00 |
| 31. 00 03100 INTENSIVE CARE UNIT 35. 00 02040 NEWBORN INTENSIVE CARE UN | 1, 448, 944 NLT 466, 718 | | 1 | | | 31. 00 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF | 2, 785, 655 | | | 23, 700 | 0 | 40. 00 |
| 43. 00 04300 NURSERY | 480, 290 | 1 | 0 | 59, 498 | 0 | 43.00 |
| 44.00 04400 SKILLED NURSING FACILITY | C | 1 | 0 | 0 | 0 | 44. 00 |
| 45. 00 04500 NURSING FACILITY | C | 0 | 0 | 0 | 0 | 45. 00 |
| ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATING ROOM | 1, 069, 886 | 246, 550 | 1, 169, 984 | 0 | 442, 685 | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY | 1, 337, 330 | | 0 | o | 0 | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 563, 210 | 188, 329 | 893, 700 | 0 | 338, 148 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 102, 701 | I . | 1 | 0 | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 1, 109, 860 907, 209 | I . | 0 2 540, 703 | 0 | 0 204, 585 | 53. 00 54. 00 |
| 54. 01 05400 RADI OLOGY - DI AGNOSTI C | | | | 0 | 49, 389 | 54. 00 |
| 54. 02 05402 ULTRASOUND | 235, 802 | | | o | 24, 586 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | | 0 | 0 | 0 | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 448, 126 | 1 | 66, 481 | 0 | 25, 154 | 55. 01 |
| 57. 00 05700 CT SCAN 58. 00 05800 MRI | | | | 0 | 0 0 | 57. 00 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 210, 693 | | | 0 | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 1, 941, 340 | 1 | | 0 | | |
| 60. 01 06001 BLOOD LABORATORY | C | 0 | 0 | 0 | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING | | | 07.07.0 | 0 | 0 | 63.00 |
| 63. 01 06301 NUCLEAR MEDI CI NE 65. 00 06500 RESPI RATORY THERAPY | 127, 366 806, 808 | | | | 33, 249 66, 715 | 63. 01 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 813, 937 | | | | 172, 607 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 186, 612 | | | | 15, 947 | 67. 00 |
| 68.00 06800 SPEECH PATHOLOGY | 154, 675 | 1 | | | 49, 413 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 30, 302 | | 1 | | 27, 768 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDICAL SUPPLIES CHARGED | 30, 744 TO PATIENT 2, 025, 206 | | 59, 606 | 0 | 22, 553 0 | 70. 00 71. 00 |
| 72. 00 07200 MPL. DEV. CHARGED TO PA | | | | 0 | 0 | 71.00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | • • • • • • • • • • • • • • • • • • • | l e | 0 | 0 | 0 | 73. 00 |
| 76.00 03020 PAIN CLINIC | C | Ί " | 0 | 0 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 14, 436 | | | | 11, 192 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 76. 03 03957 CARDI AC REHABI LI TATI ON | 466, 570 333, 927 | | | | 98, 536 21, 222 | 76. 02 76. 03 |
| 76. 04 03190 RADIATION ONCOLOGY | 291, 201 | | 1 | 1 | 221, 137 | 76. 03 76. 04 |
| 76. 05 03951 MRI | 115, 848 | | | | 48, 421 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | | 0 | 0 | 0 | 0 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0.000 | 0 | 0 000 071 | 0 | 70.068 | 76. 07 |
| 76. 08 03953 WOUND CARE 76. 09 03954 RENAL DI ALYSI S | 262, 060 373, 241 | | | 0 | 79, 068 152, 704 | 76. 08 76. 09 |
| 76. 10 03955 NFUSI ON | 854, 903 | | | | 8, 034 | 76. 0 9 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | C ., | | 0 | | 0 | 76. 11 |
| 76.12 03958 ANTICOAGULATION CLINIC | 126, 469 | ol o |) o | 0 | 0 | 76. 12 |
| | | | | | | |

Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2021 Part I 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Cost Center Description OTHER MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG ADMI NI STRATI VE **REPAI RS** LINEN SERVICE **PLANT** AND GENERAL 6.00 7.00 8. 00 9. 00 5.05 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 89.00 0 90.00 09000 CLI NI C 0 90.00 0 0 0 0 90.01 09001 OCC HEALTH CLINIC 99, 711 C 0 90.01 09002 CARDIOLOGY CLINIC 0 0 90.02 90.02 90.03 09003 SPECIALTY CLINIC 10.611 0 0 0 90.03 09100 EMERGENCY 105, 074 498, 621 188, 663 91.00 2.168.709 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 09900 CMHC 99.00 99.00 0 0 0 0 99. 10 09910 CORF O 0 Λ 99.10 101.00 10100 HOME HEALTH AGENCY 2, 804, 866 79, 238 376, 020 142, 274 101. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 2, 751, 056 12, 143, 807 1, 434, 007 48, 352, 864 4, 452, 613 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 40, 080 9, 124 43, 297 0 16, 382 190. 00 0 190. 01 19001 CONVENT 0 190. 01 1, 746 C 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 64, 783 0 190. 03 C 0 0 0 0 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 35, 970 7,736 13, 890 190. 04 36, 710 190. 05 19005 DEVELOPMENT 0 190.05 0 0 190.06 19006 NEUROSURGERY PROF SERVICES 0 0 0 0 190.06 190. 07 19007 I MAGE RECOVERY 0 0 190. 07 0 0 190. 08 19008 FAMILY SERVICES Ω 0 0 190.08 190. 09 19009 MDWI SE 0 190, 09 0 C 0 190. 10 19010 CATHERINE MCAULEY CLINIC 0 190. 10 0 190. 11 19011 CENTER OF HOPE 6, 086 190. 11 9,939 3, 389 16,085 190. 12 19012 SELECT 0 190. 12 0 C 190. 13 19013 PERCI NI AS 0 190. 13 0 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 74, 991 192. 00 41, 765 198, 195 192. 01 19201 WORKING WELL 121, 990 0 192.01 C

274, 478

48, 901, 850

119, 319

2, 932, 389

566, 221

13, 004, 315

160, 494

1, 594, 501

0 193.00

0 201.00

200.00

214, 240 194. 01

4, 778, 202 202. 00

193.00 19300 NONPALD WORKERS

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

194. 01 07951 REHAB

200.00

201.00

202.00

| Peri od: | Worksheet B | From 01/01/2021 | Part | To 12/31/2021 | Date/Time Prepared: | Part | Part | Prepared: | Part | Part

| | | | To | 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | |
|---|-------------|--------------------|-------------------------------|----------------------------------|----------------------------------|---|
| Cost Center Description | DI ETARY | CAFETERI A | NURSI NG ADMI NI STRATI ON | CENTRAL SERVI CES & SUPPLY | PHARMACY | <i>y</i> |
| | 10.00 | 11. 00 | 13. 00 | 14. 00 | 15. 00 | |
| GENERAL SERVICE COST CENTERS 1. 00 00100 CAP REL COSTS-BLDG & FIXT | | | | | | 1. 00 |
| 2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.05 00590 OTHER ADMINISTRATIVE AND GENERAL 6.00 00600 MAINTENANCE & REPAIRS 7.00 00700 OPERATION OF PLANT | | | | | | 2. 00 4. 00 5. 05 6. 00 7. 00 |
| 8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING 10. 00 01000 DIETARY | 2 022 002 | | | | | 8. 00 9. 00 |
| 11. 00 01000 DTETARY 11. 00 01100 CAFETERIA | 2, 023, 002 | 2, 584, 491 | | | | 10. 00 11. 00 |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON | o | 102, 530 | 4, 946, 410 | | | 13. 00 |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY | 0 | 12, 638 | | 1, 320, 230 | | 14. 00 |
| 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY | 0 | 150, 462 3, 737 | | 0 | 7, 237, 999 0 | 15. 00 16. 00 |
| 17. 00 01700 SOCIAL SERVICE | 0 | 3, 737 | 0 | ol Ol | 0 | 17. 00 |
| 22. 00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV | Ö | 7, 869 | Ö | Ö | Ö | 22. 00 |
| 23.00 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 | 0 | o | 0 | 23. 00 |
| 23. 01 02301 PARAMED ED PRGM - LAB 4+1 | 0 | 5, 091 | 0 | 0 | 0 | 23. 01 23. 02 |
| 23. 02 02302 PARAMED ED PRGM - RADIOLOGY 23. 03 02303 PARAMED ED PRGM - RESP THER | 0 | 4, 506 3, 932 | 0 | 0 | 0 | 23. 02 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY | Ö | 22, 372 | Ö | o | 0 | 23. 04 |
| 23. 05 02305 PARAMED ED PRGM-EMT | 0 | 1, 445 | 3, 904 | o | 0 | 23. 05 |
| 23. 06 O2306 PARAMED ED PRGM - LAB 3+1 | 0 | 0 | 0 | 0 | 0 | 23. 06 |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS | 1, 535, 675 | 725, 510 | 1, 959, 980 | ol | 0 | 30. 00 |
| 31. 00 03100 I NTENSI VE CARE UNI T | 244, 236 | 138, 715 | | Ö | 0 | 31. 00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | 31, 578 | 39, 758 | 107, 407 | 0 | 0 | 35. 00 |
| 40. 00 04000 SUBPROVI DER - PF | 0 | 74, 102 | 0 | 0 | 0 | 40. 00 |
| 43. 00 04300 NURSERY 44. 00 04400 SKI LLED NURSI NG FACI LI TY | 0 | 0 | 0 | 0 | 0 | 43. 00 44. 00 |
| 45. 00 04500 NURSING FACILITY | 0 | 0 | 0 | ol Ol | 0 | 45. 00 |
| ANCILLARY SERVICE COST CENTERS | | - | - | -, | · | |
| 50. 00 05000 OPERATI NG ROOM | 0 | 56, 404 | 152, 377 | 0 | 0 | 50.00 |
| 50. 01 05001 0PEN HEART SURGERY 50. 02 05002 0UTPATI ENT SURGERY | 0 | 0 5, 155 | 0 13, 926 | 0 | 0 | 50. 01 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0 | 10, 361 | 27, 991 | 0 | 0 | 51. 00 |
| 53. 00 05300 ANESTHESI OLOGY | o | 2, 392 | | ō | 0 | 53. 00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | 89, 533 | | 0 | 0 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 54. 02 05402 ULTRASOUND | 0 | 26, 712 | 72, 163 | 0 | 0 | 54. 01 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 20, 649 0 | 0 | ol Ol | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | Ö | 34, 012 | Ö | Ö | Ö | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | 0 | 0 | 0 | 0 | 57. 00 |
| 58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | 0 | 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY | 0 | 21, 620 0 | 58, 408 0 | 0 | 0 | 59. 00 60. 00 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | Ö | 0 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | 5, 238 | 0 | О | 0 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0 | 69, 008 | | 0 | 0 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 53, 927 20, 398 | 40 | 0 | 0 | 66. 00 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 | 8, 089 | | Ö | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0 | 0 | 0 | О | 0 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 178 | 481 | 0 | 0 | 70. 00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 808 | 0 | 1, 108, 993 | 0 | 71. 00 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 211, 237 0 | 7, 237, 999 | 73.00 |
| 76. 00 03020 PAIN CLINIC | | 0 | | ő | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | 0 | 0 | 0 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0 | 31, 220 | | 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON 76. 04 03190 RADI ATI ON ONCOLOGY | | 14, 130 0 | 38, 172 0 | O O | 0 | 76. 03 76. 04 |
| 76. 05 03951 MRI | | 7, 571 | | o | Ö | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 | 0 | О | 0 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | 0 | 0 | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE 76. 09 03954 RENAL DI ALYSI S | | 24, 974 0 | 67, 468 0 | 0 | 0 | 76. 08 76. 09 |
| 76. 10 03955 I NFUSI ON | | 133, 367 | 360, 294 | ő | 0 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | 0 | О | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 0 | 15, 387 | 0 | o | 0 | 76. 12 |
| | | | | | | |

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2021 Part I Provider CCN: 15-0004

| | | | T. | rom 01/01/2021 o 12/31/2021 | Part Date/Time Prepared: 5/30/2022 8:09 pm |
|---|-------------|-------------|-------------------------------|--------------------------------|--|
| Cost Center Description | DI ETARY | CAFETERI A | NURSI NG ADMI NI STRATI ON | SUPPLY | PHARMACY |
| | 10.00 | 11. 00 | 13.00 | 14. 00 | 15. 00 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 88.00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 89.00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | 0 | 0 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 90.01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | 0 | 0 | 0 90.02 |
| 90. 03 09003 SPECIALTY CLINIC | 0 | 942 | | 0 | 0 90.03 |
| 91. 00 09100 EMERGENCY | 0 | 228, 394 | 617, 012 | 0 | 0 91.00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | 1 | | 1 | | |
| 99. 00 09900 CMHC | 0 | 0 | 0 | | 0 99.00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | 0 | 0 99. 10 |
| 101. 00 10100 HOME HEALTH AGENCY | 0 | 371, 629 | 1, 003, 965 | 0 | 0 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | 110.00 |
| 113. 00 11300 INTEREST EXPENSE | 4 044 400 | 0 544 7/5 | 4 040 (74 | 4 000 000 | 113.00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS | 1, 811, 489 | 2, 544, 765 | 4, 942, 671 | 1, 320, 230 | 7, 237, 999 118. 00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 3, 515 | 0 | O | 0 190, 00 |
| 190. 01 19001 CONVENT | | 0, 0.10 | Ō | o | 0 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | o | 0 | 0 | o | 0 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | o | 0 | 0 | o | 0 190. 03 |
| 190. 04 19004 WOMEN'S HEALTH CENTER | 0 | 4, 406 | 0 | o | 0 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | . 0 | 0 | o | 0 190. 05 |
| 190.06 19006 NEUROSURGERY PROF SERVICES | O | 0 | o | О | 0 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | O | 0 | o | 0 | 0 190. 07 |
| 190.08 19008 FAMILY SERVICES | 0 | O | 0 | o | 0 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 0 | 0 | o | 0 190. 09 |
| 190.10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | 0 | o | 0 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 788 | 2, 130 | 0 | 0 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | o | 0 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | 0 | 0 | 0 190. 13 |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES | 0 | 2, 919 | 0 | 0 | 0 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 0 | 0 | 0 | 0 192. 01 |
| 193.00 19300 NONPALD WORKERS | 0 | 0 | 0 | 0 | 0 193. 00 |
| 194. 01 07951 REHAB | 211, 513 | 28, 098 | 1, 609 | 0 | 0 194. 01 |
| 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) | 2, 023, 002 | 2, 584, 491 | 4, 946, 410 | 1, 320, 230 | 7, 237, 999 202. 00 |

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2021 | Part I | To 12/31/2021 | Date/Time Prepared: | 5/30/2022 8:09 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

| | | | | | , 12/31/2021 | 5/30/2022 8:0 | 9 pm |
|--|--|--|---|--|---------------------------------|--|--|
| | Cost Center Description | MEDI CAL RECORDS & LI BRARY 16. 00 | SOCI AL SERVI CE | I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV 22.00 | PARAMED ED PRGM 23.00 | PARAMED ED PRGM - LAB 4+1 23.01 | |
| 1. 00 0 2. 00 0 4. 00 0 5. 05 0 6. 00 0 7. 00 0 8. 00 0 10. 00 0 11. 00 0 13. 00 0 14. 00 0 15. 00 0 16. 00 0 17. 00 0 22. 00 0 23. 01 0 23. 02 0 23. 03 0 23. 04 0 23. 06 0 23. 06 0 23. 06 0 23. 06 0 | ENERAL SERVICE COST CENTERS 0100 CAP REL COSTS-BLDG & FIXT 0200 CAP REL COSTS-BLDG & FIXT 0400 EMPLOYEE BENEFITS DEPARTMENT 0590 OTHER ADMINISTRATIVE AND GENERAL 0600 MAINTENANCE & REPAIRS 0700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY 1700 SOCIAL SERVICE 2200 I&R SERVICES-OTHER PRGM COSTS APPRV 2301 PARAMED ED PRGM - LAB 4+1 2302 PARAMED ED PRGM - RADIOLOGY 2303 PARAMED ED PRGM - RESP THER 2304 PARAMED ED PRGM - RESP THER 2305 PARAMED ED PRGM - RESP THER 2306 PARAMED ED PRGM - LAB 3+1 | 3, 521, 402 0 0 0 0 0 0 0 0 | 133, 260 0 0 0 0 0 0 0 | 1, 050, 876 | 0 | 274, 839 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 |
| 30. 00 0: 31. 00 0: 35. 00 0: 40. 00 0: 43. 00 0: 44. 00 0: 45. 00 0: | NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 2040 NEWBORN INTENSIVE CARE UNIT 4000 SUBPROVIDER - IPF 4300 NURSERY 4400 SKILLED NURSING FACILITY 4500 NURSING FACILITY | 178, 574 41, 161 6, 471 95, 754 8, 996 0 | 6, 746 1, 555 244 3, 617 340 0 | 0 0 0 0 | 0 0 0 0 0 0 0 | 0 0 0 0 0 0 | 30. 00 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 50. 00 0: 50. 01 0: 50. 02 0: 51. 00 0: 53. 00 0: 54. 01 0: 55. 00 0: 55. 01 0: 57. 00 0: 58. 00 0: 60. 01 0: 66. 00 0: 66. 00 0: 66. 00 0: 67. 00 0: 68. 00 0: 67. 00 0: 67. 00 0: 67. 00 0: 73. 00 0: 74. 00 0: 74. 00 0: 75. 00 | NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5001 OPEN HEART SURGERY 5002 OUTPATIENT SURGERY 5100 RECOVERY ROOM 5300 ANESTHESI OLOGY 5400 RADI OLOGY -DI AGNOSTI C 5401 RADI OLOGY SPECI AL PROCEDURES 5402 ULTRASOUND 5500 RADI OLOGY -THERAPEUTI C COMPUTED TOMOGRAPHY 5700 CT SCAN 5800 MRI 59900 CARDI AC CATHETERI ZATI ON 6000 LABORATORY 6301 BLOOD STORI NG, PROCESSI NG & TRANS. 6301 NUCLEAR MEDI CI NE 6500 RESPI RATORY THERAPY 6600 PHYSI CAL THERAPY 6700 OCCUPATI ONAL THERAPY 6800 SPEECH PATHOLOGY 6900 ELECTROCARDI OLOGY 7000 ELECTROCARDI OLOGY 7000 ELECTROCARDI OLOGY 7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 7100 DRUGS CHARGED TO PATI ENTS 7100 DRUGS CHARGED TO PATI ENTS 7100 DRUGS CHARGED TO PATI ENTS 7100 ORTHOPEDI CS 7110 RADI ATI ON ONCOLOGY 7111 RADI ATI ON CENTER | 101, 117 0 8, 286 13, 429 36, 345 49, 752 34, 246 42, 873 0 186, 940 0 51, 639 268, 488 40, 321 24, 344 18, 311 7, 540 54, 530 0 82, 791 15, 973 1, 455, 385 0 0 0 7, 214 8, 484 112, 143 | 3, 820 0 313 507 1, 373 1, 880 1, 294 1, 620 0 7, 062 0 0 1, 951 10, 143 0 195 442 1, 523 920 692 285 2, 060 0 3, 128 603 55, 208 0 0 3 421 1, 201 0 0 273 321 4, 237 | | | 0 0 0 0 0 0 0 0 0 0 0 0 225, 368 0 43, 974 5, 497 0 0 0 0 0 0 0 0 | 59. 00 60. 00 60. 01 63. 00 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10 |

| | | | To | 12/31/2021 | Date/Time Prep | pared: |
|--|-------------|----------------|-----------------|----------------|-----------------|--------------------|
| | | | INTERNS & | | 5/30/2022 8: 09 |) pm |
| | | | RESI DENTS | | | |
| Cost Center Description | MEDI CAL | SOCIAL SERVICE | SERVI CES-OTHER | PARAMED ED | PARAMED ED | |
| μ | RECORDS & | | PRGM COSTS | | PRGM - LAB 4+1 | |
| | LI BRARY | | APPRV | | | |
| | 16.00 | 17. 00 | 22. 00 | 23. 00 | 23. 01 | |
| 76. 12 03958 ANTICOAGULATION CLINIC | 3, 096 | 117 | 0 | 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | - | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | 0 | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 1 | 45.050 | 1 050 07/ | 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 398, 610 | 15, 059 | 1, 050, 876 | O ₁ | 0 | 91. 00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC | 1 | 0 | O | ol | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | 0 | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 108, 689 | 4, 106 | | o | - 1 | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | 100,007 | 4, 100 | ١ | <u> </u> | 0 | 101.00 |
| 113. 00 11300 NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 3, 521, 402 | 133, 260 | 1, 050, 876 | o | 274, 839 | |
| NONREI MBURSABLE COST CENTERS | | | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | 0 | 0 | 0 | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 190. 02 |
| 190.03 19003 MEDICAL ARTS BUILDING | 0 | 0 | 0 | 0 | | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 0 | 0 | 0 | 0 | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | 0 | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | 0 | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | 0 | 0 | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | 0 | 0 | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 0 | 0 | 0 | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC 190. 11 19011 CENTER OF HOPE | 0 | 0 | 0 | U O | | 190. 10 190. 11 |
| 190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT | 0 | 0 | 0 | U O | | 190. 11 190. 12 |
| 190. 12[19012] SELECT 190. 13[19013] PERCI NI AS | 0 | 0 | 0 | U O | | 190. 12 190. 13 |
| 190. 13 19013 PERCTNIAS 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | 0 | 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 PHISICIANS PRIVATE OFFICES 192. 01 19201 WORKI NG WELL | | 0 | | 0 | | 192. 00 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | ٥ | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 0 | | ol Ol | | 194. 01 |
| 200.00 Cross Foot Adjustments | | | | ol O | | 200. 00 |
| 201.00 Negative Cost Centers | 0 | 0 | 0 | ol | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 3, 521, 402 | 133, 260 | 1, 050, 876 | ō | 274, 839 | |

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2021 | Part | | To 12/31/2021 | Date/Time Prepared: | 5/30/2022 8:09 pm

| | | | | 0 12/31/2021 | 5/30/2022 8: 0 | |
|---|----------------------|------------------|-----------------------|------------------|----------------|------------------|
| Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | |
| | PRGM - | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | PRGM - LAB 3+1 | |
| | RADI OLOGY 23. 02 | THER 23. 03 | 23.04 | 23. 05 | 23. 06 | |
| GENERAL SERVICE COST CENTERS | 20.02 | 20.00 | 20.01 | 20.00 | 20.00 | |
| 1.00 O0100 CAP REL COSTS-BLDG & FIXT | | | | | | 1. 00 |
| 2.00 O0200 CAP REL COSTS-MVBLE EQUIP | | | | | | 2. 00 |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4. 00 |
| 5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5. 05 |
| 6. 00 00600 MAI NTENANCE & REPAIRS | | | | | | 6.00 |
| 7.00 O0700 OPERATION OF PLANT | | | | | | 7.00 |
| 8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG | | | | | | 8. 00 9. 00 |
| 10. 00 01000 DI ETARY | | | • | | | 10.00 |
| 11. 00 01100 CAFETERI A | | | | | | 11. 00 |
| 13.00 01300 NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 01400 CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15. 00 01500 PHARMACY | | | | | | 15. 00 |
| 16.00 01600 MEDICAL RECORDS & LIBRARY | | | | | | 16. 00 |
| 17. 00 01700 SOCIAL SERVICE | | | | | | 17. 00 |
| 22. 00 02200 1 &R SERVI CES-OTHER PRGM COSTS APPRV | | | | | | 22. 00 |
| 23. 00 02300 PARAMED ED PRGM- (SPECIFY) 23. 01 02301 PARAMED ED PRGM - LAB 4+1 | | | | | | 23. 00 23. 01 |
| 23. 02 02302 PARAMED ED PRGM - RADIOLOGY | 123, 990 | | | | | 23. 01 |
| 23. 03 02303 PARAMED ED PRGM - RESP THER | 123, 770 | 118, 128 | | | | 23. 02 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY | | 110, 120 | 659, 402 | | | 23. 04 |
| 23. 05 O2305 PARAMED ED PRGM-EMT | | | 007,102 | 584, 901 | | 23. 05 |
| 23.06 02306 PARAMED ED PRGM - LAB 3+1 | | | | | 95, 647 | 23. 06 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30. 00 03000 ADULTS & PEDIATRICS | 0 | 0 | 0 | 0 | 0 | 30. 00 |
| 31.00 03100 INTENSIVE CARE UNIT | 0 | 0 | | 0 | 0 | 31. 00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF | 0 | 0 | 0 | 0 | 0 | 40.00 |
| 43. 00 04300 NURSERY | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44. 00 04400 SKI LLED NURSI NG FACILITY | 0 | 0 | | 0 | 0 | 44.00 |
| 45. 00 O4500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS | _ l | 0 | <u> </u> | U | 0 | 45. 00 |
| 50. 00 05000 OPERATING ROOM | 0 | 0 | 0 | 0 | 0 | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY | o | 0 | | 0 | 0 | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | o | 0 | Ó | 0 | 0 | 50. 02 |
| 51.00 05100 RECOVERY ROOM | o | 0 | 0 | 0 | 0 | 51. 00 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 0 | 0 | 0 | 0 | 53. 00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 117, 790 | 0 | 0 | 0 | 0 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 2, 480 | 0 | 0 | 0 | 0 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 1, 240 | 0 | 0 | 0 | 0 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY 57. 00 05700 CT SCAN | 2, 480 0 | 0 | | 0 | 0 | 55. 01 57. 00 |
| 58. 00 05800 MRI | | 0 | | 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | 0 | 0 | Ö | 59. 00 |
| 60. 00 06000 LABORATORY | o | 0 | | 0 | 0 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | 0 | 0 | 0 | 0 | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | 0 | 0 | 0 | 0 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0 | 118, 128 | 0 | 0 | 0 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 0 | 0 | 0 | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 0 | | 0 | 0 | 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY | 0 | 0 | 0 | 0 | 0 | 68.00 |
| 69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 0 | | 0 | 0 | 69. 00 70. 00 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | | 0 | 0 | 70.00 |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | Ö | 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | o | 0 | 659, 402 | 0 | 0 | 73. 00 |
| 76. 00 03020 PAIN CLINIC | o | 0 | 0 | 0 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | o | 0 | 0 | 0 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0 | 0 | 0 | 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | 0 | 0 | 0 | 0 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76. 04 |
| 76. 05 03951 MRI | 0 | 0 | 0 | 0 | 0 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 |] 0 | 0 | 0 | 76.06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | | () | ų O | 0 | 0 | 76. 07 |
| 76 08 03053 WOLIND CAPE | | ^ | | ^ | ^ | 76 00 |
| 76. 08 03953 WOUND CARE | 0 | 0 | 0 | 0 | 0 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0 | 0 | 0 | 0 0 | 0 | 76. 09 |
| 76. 09 03954 RENAL DI ALYSI S 76. 10 03955 I NFUSI ON | 0 0 | 0 0 0 0 | 0 0 0 0 | 0 0 0 | | 76. 09 76. 10 |
| 76. 09 03954 RENAL DI ALYSI S | 0 0 | 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 | 0 | 76. 09 |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period: Worksheet B From 01/01/2021 Part I To 12/31/2021 Date/Time Prep

Date/Time Prepared: 5/30/2022 8:09 pm Cost Center Description PARAMED ED PARAMED ED PARAMED ED PARAMED ED PARAMED ED PRGM -PRGM - RESP PRGM-PHARMACY PRGM-EMT PRGM - LAB 3+1 RADI OLOGY THER 23. 04 23. 05 23.06 23.02 23. 03 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 89.00 0 0 90.00 09000 CLI NI C 0 0 0 90.00 0 09001 OCC HEALTH CLINIC 0 90.01 0 0 0 90.01 09002 CARDIOLOGY CLINIC 0 0 90.02 90.02 09003 SPECIALTY CLINIC 0 90.03 0 0 0 90.03 91.00 91.00 09100 EMERGENCY 0 0 584, 901 95, 647 C 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 0 99.00 0 0 0 0 99. 10 09910 CORF 0 0 99. 10 C Λ 101.00 10100 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 123, 990 659, 402 584, 901 95, 647 118. 00 118, 128 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190. 00 0 190. 01 19001 CONVENT 0 00000000000000000 0 0 190. 01 0 190. 02 190. 02 19002 HOME MEDICAL EQUIPMENT 0 190. 03 19003 MEDICAL ARTS BUILDING 0 0 0 190. 03 0 0 0 0 0 0 0 0 0 0 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 0 0 0 190. 04 190. 05 19005 DEVELOPMENT 0 0 190. 05 0 190.06 19006 NEUROSURGERY PROF SERVICES 0 0 0 190.06 190. 07 19007 I MAGE RECOVERY 0 190. 07 0 190. 08 19008 FAMILY SERVICES 0 0 190.08 190. 09 19009 MDWI SE 0 0 0 190. 09 190. 10 19010 CATHERINE MCAULEY CLINIC 0 190. 10 190. 11 19011 CENTER OF HOPE 0 0 190. 11 190. 12 19012 SELECT 0 0 0 190. 12 190. 13 19013 PERCI NI AS 0 190. 13 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 192.00 192. 01 19201 WORKI NG WELL 0 0 0 192.01 0 193.00 19300 NONPALD WORKERS 0 193. 00 0 0 194. 01 07951 REHAB 0 0 0 194. 01 0 ol 0 200. 00 200.00 Cross Foot Adjustments 0 0 201.00 201.00 Negative Cost Centers 0 202.00 118, 128 584, 901 TOTAL (sum lines 118 through 201) 123, 990 659, 402 95, 647 202. 00

| Peri od: | Worksheet B | From 01/01/2021 | Part | | To | 12/31/2021 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

| | | | | | | То | | Date/Time Prep 5/30/2022 8:09 | |
|------------------|--------|---|-----------------------------|--------------------------|----------|----------|--------|----------------------------------|------------------|
| | | Cost Center Description | Subtotal | Intern & | Total | | . - | 37 307 2022 0.0 | у ріп |
| | | | | Residents Cost & Post | | | | | |
| | | | | Stepdown | | | | | |
| | | | 24. 00 | Adjustments 25.00 | 26. 00 | | | | |
| | | AL SERVICE COST CENTERS | 21.00 | 20.00 | 20.00 | | | | |
| 1. 00 2. 00 | | CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP | | | | | | | 1. 00 2. 00 |
| 4. 00 | 1 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | 4. 00 |
| 5. 05 | | OTHER ADMINISTRATIVE AND GENERAL | | | | | | | 5. 05 |
| 6.00 | 1 | MAINTENANCE & REPAIRS | | | | | | | 6. 00 |
| 7. 00 8. 00 | 1 | OPERATION OF PLANT LAUNDRY & LINEN SERVICE | | | | | | | 7. 00 8. 00 |
| 9. 00 | 1 | HOUSEKEEPI NG | | | | | | | 9. 00 |
| 10.00 | 1 | DI ETARY | | | | | | | 10. 00 |
| 11. 00 13. 00 | | CAFETERIA NURSING ADMINISTRATION | | | | | | | 11. 00 13. 00 |
| 14. 00 | 1 | CENTRAL SERVICES & SUPPLY | | | | | | | 14. 00 |
| 15. 00 | | PHARMACY | | | | | | | 15. 00 |
| 16.00 | 1 | MEDICAL RECORDS & LIBRARY | | | | | | | 16.00 |
| 17. 00 22. 00 | 1 | SOCIAL SERVICE I&R SERVICES-OTHER PRGM COSTS APPRV | | | | | | | 17. 00 22. 00 |
| 23. 00 | 02300 | PARAMED ED PRGM-(SPECIFY) | | | | | | | 23. 00 |
| 23. 01 | 1 | PARAMED ED PRGM - LAB 4+1 | | | | | | | 23. 01 |
| 23. 02 23. 03 | | PARAMED ED PRGM - RADIOLOGY PARAMED ED PRGM - RESP THER | | | | | | | 23. 02 23. 03 |
| 23. 04 | 02304 | PARAMED ED PRGM-PHARMACY | | | | | | | 23. 04 |
| 23. 05 | 1 | PARAMED ED PRGM LAB 2 1 | | | | | | | 23. 05 |
| 23. 06 | | PARAMED ED PRGM - LAB 3+1 ENT ROUTINE SERVICE COST CENTERS | | | | | | | 23. 06 |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 40, 158, 902 | 0 | 40, 158, | 902 | | | 30. 00 |
| 31. 00 35. 00 | | INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT | 7, 987, 970 | 0 | | | | | 31. 00 35. 00 |
| 40. 00 | | SUBPROVIDER - IPF | 2, 249, 121 12, 347, 605 | • | | | | | 40. 00 |
| 43.00 | 04300 | NURSERY | 2, 167, 841 | 0 | | | | | 43.00 |
| 44. 00 45. 00 | 1 | SKILLED NURSING FACILITY NURSING FACILITY | 0 | 0 | | 0 | | | 44. 00 45. 00 |
| 43.00 | | LARY SERVICE COST CENTERS | | | | - O | | | 43.00 |
| 50.00 | 1 | OPERATI NG ROOM | 6, 848, 654 | | | | | | 50.00 |
| 50. 01 50. 02 | | OPEN HEART SURGERY OUTPATIENT SURGERY | 0 3, 909, 250 | 0 | | 0 250 | | | 50. 01 50. 02 |
| 51.00 | 05100 | RECOVERY ROOM | 501, 120 | | | | | | 51. 00 |
| 53.00 | 1 | ANESTHESI OLOGY | 4, 890, 525 | | | | | | 53. 00 |
| 54. 00 54. 01 | | RADI OLOGY -DI AGNOSTI C RADI OLOGY SPECI AL PROCEDURES | 5, 082, 956 1, 448, 018 | | -,, | | | | 54. 00 54. 01 |
| 54. 02 | | ULTRASOUND | 1, 200, 162 | | | | | | 54. 02 |
| 55.00 | | RADI OLOGY-THERAPEUTI C | 0 | 0 | 0.004 | 0 | | | 55. 00 |
| 55. 01 57. 00 | 1 | COMPUTED TOMOGRAPHY CT SCAN | 2, 294, 582 0 | 0 | | 0 | | | 55. 01 57. 00 |
| | 05800 | • | Ö | Ö | | O | | | 58. 00 |
| 59.00 | | CARDI AC CATHETERI ZATI ON | 1, 054, 409 | | | | | | 59. 00 |
| 60. 00 60. 01 | | LABORATORY BLOOD LABORATORY | 9, 693, 538 0 | | | 538 | | | 60. 00 60. 01 |
| 63. 00 | 1 | BLOOD STORING, PROCESSING & TRANS. | 49, 373 | - | | 373 | | | 63. 00 |
| 63. 01 | 1 | NUCLEAR MEDICINE | 719, 132 | | | | | | 63. 01 |
| 65. 00 66. 00 | 1 | RESPI RATORY THERAPY PHYSI CAL THERAPY | 4, 035, 164 4, 361, 300 | | ., | | | | 65. 00 66. 00 |
| 67. 00 | | OCCUPATIONAL THERAPY | 921, 926 | | | | | | 67. 00 |
| 68.00 | | SPEECH PATHOLOGY | 899, 416 | | | | | | 68. 00 |
| 69. 00 70. 00 | | ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY | 305, 640 229, 739 | ł . | | | | | 69. 00 70. 00 |
| 71.00 | 1 | MEDICAL SUPPLIES CHARGED TO PATIENT | 10, 046, 467 | Ö | | | | | 71. 00 |
| 72.00 | | IMPL. DEV. CHARGED TO PATIENTS | 1, 927, 437 | | | | | | 72.00 |
| 73. 00 76. 00 | | DRUGS CHARGED TO PATIENTS PAIN CLINIC | 40, 062, 514 0 | | | 0 | | | 73. 00 76. 00 |
| 76. 01 | 03950 | ORTHOPEDI CS | 110, 092 | 0 | 110, | 092 | | | 76. 01 |
| 76. 02 | 1 | CARDI OVASCULAR SERVI CES | 2, 568, 533 | | , | | | | 76. 02 |
| 76. 03 76. 04 | 1 | CARDIAC REHABILITATION RADIATION ONCOLOGY | 1, 612, 345 2, 201, 407 | 0 | | | | | 76. 03 76. 04 |
| 76. 05 | 03951 | MRI | 750, 223 | | | | | | 76. 05 |
| 76.06 | | BARIATRIC CENTER | 042.0(1 | 1 | | 0 | | | 76.06 |
| 76. 07 76. 08 | | PSYCH ACTIVITY THERAPY WOUND CARE | -843, 861 1, 577, 302 | 0 | , | | | | 76. 07 76. 08 |
| 76. 09 | | RENAL DI ALYSI S | 2, 281, 315 | 0 | 2, 281, | 315 | | | 76. 09 |
| 76. 10 | | I NFUSION | 4, 379, 960 | | | | | | 76. 10 |
| 70.11 | 103420 | CARE TRANSITION CENTER | 0 | 0 | l | 0 | | l | 76. 11 |

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2021 Part I Provider CCN: 15-0004

| | | | | Fr To | | |
|--------------------|--|---------------|----------------------|--------------------|-------------|--------------------|
| | Cost Center Description | Subtotal | Intern & | Total | 5/30/2022 8 | : 09 pm |
| | , , , , , , , , , , , , , , , , , , , | F | Residents Cost | | | |
| | | | & Post | | | |
| | | | Stepdown | | | |
| | | 24.00 | Adjustments 25.00 | 26. 00 | | |
| 76 12 | 03958 ANTI COAGULATI ON CLINIC | 571, 306 | 25.00 | 571, 306 | | 76, 12 |
| 70. 12 | OUTPATIENT SERVICE COST CENTERS | 371,300 | <u> </u> | 371, 300 | | 70.12 |
| 88. 00 | 08800 RURAL HEALTH CLINIC | O | 0 | 0 | | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | o | О | 0 | | 89. 00 |
| | 09000 CLI NI C | O | 0 | 0 | | 90. 00 |
| | 09001 OCC HEALTH CLINIC | 435, 768 | 0 | 435, 768 | | 90. 01 |
| | 09002 CARDI OLOGY CLINI C | 0 | 0 | 0 | | 90. 02 |
| | 09003 SPECIALTY CLINIC 09100 EMERGENCY | 47, 317 | 1 050 074 | 47, 317 | | 90. 03 91. 00 |
| | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 13, 260, 753 | -1, 050, 876 0 | 12, 209, 877 | | 91.00 |
| | OTHER REIMBURSABLE COST CENTERS | l l | <u> </u> | <u> </u> | | 72.00 |
| | 09900 CMHC | O | 0 | 0 | | 99. 00 |
| 99. 10 | 09910 CORF | o | О | 0 | | 99. 10 |
| 101.00 | 10100 HOME HEALTH AGENCY | 14, 344, 012 | O | 14, 344, 012 | | 101. 00 |
| | SPECIAL PURPOSE COST CENTERS | | | | | |
| | 11300 INTEREST EXPENSE | | | | | 113. 00 |
| 118. 00 | SUBTOTALS (SUM OF LINES 1 through 117) | 208, 689, 233 | -1, 050, 876 | 207, 638, 357 | | 118. 00 |
| 100 00 | NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 247, 481 | 0 | 247, 481 | | 190. 00 |
| | 19001 CONVENT | 7, 630 | 0 | 7, 630 | | 190. 00 |
| | 19002 HOME MEDICAL EQUIPMENT | ,, 555 | ol | 0 | | 190. 02 |
| | 19003 MEDICAL ARTS BUILDING | 283, 120 | o | 283, 120 | | 190. 03 |
| 190.04 | 19004 WOMEN'S HEALTH CENTER | 219, 942 | O | 219, 942 | | 190. 04 |
| | 19005 DEVELOPMENT | 0 | 0 | 0 | | 190. 05 |
| | 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | | 190. 06 |
| | 19007 I MAGE RECOVERY | 0 | 0 | 0 | | 190. 07 |
| | 19008 FAMI LY SERVI CES 19009 MDWI SE | 0 | 0 | 0 | | 190. 08 190. 09 |
| | 19019 CATHERINE MCAULEY CLINIC | | 0 | 0 | | 190. 09 |
| | 19011 CENTER OF HOPE | 71, 916 | 0 | 71, 916 | | 190. 10 |
| | 19012 SELECT | 0 | ol | 0 | | 190. 12 |
| | 19013 PERCINIAS | o | o | 0 | | 190. 13 |
| | 19200 PHYSICIANS' PRIVATE OFFICES | 648, 868 | o | 648, 868 | | 192. 00 |
| | 19201 WORKING WELL | 533, 131 | O | 533, 131 | | 192. 01 |
| | 19300 NONPAID WORKERS | 0 | O | 0 | | 193. 00 |
| | 07951 REHAB | 2, 501, 045 | 0 | 2, 501, 045 | | 194. 01 |
| 200.00 | Cross Foot Adjustments | 0 | 0 | 0 | | 200. 00 |
| 201. 00 202. 00 | Negative Cost Centers TOTAL (sum lines 118 through 201) | 213, 202, 366 | -1, 050, 876 | 0 212, 151, 490 | | 201. 00 202. 00 |
| 202.00 | TOTAL (Suill TITIES TTO LITTOUGH 201) | 213, 202, 300 | - 1, 030, 676 | 212, 131, 490 | | 1202.00 |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| As | Directly ssigned New Capital lated Costs 0 | CAPITAL REL BLDG & FIXT 1.00 | ATED COSTS MVBLE EQUIP 2.00 | Subtotal 2A | EMPLOYEE BENEFITS DEPARTMENT | <i>y</i> |
|---|--|--|----------------------------------|--|------------------------------------|---|
| AS Rel GENERAL SERVI CE COST CENTERS 1. 00 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P | ssigned New Capital Lated Costs 0 | | | | BENEFITS | |
| GENERAL SERVICE COST CENTERS 1. 00 00100 CAP REL COSTS-BLDG & FLXT 2. 00 00200 CAP REL COSTS-MVBLE EQUIP | 0 | 1.00 | 2. 00 | 2A | | 1 |
| 1. 00 | 0 | 55 | 2.00 | | 4. 00 | |
| 2.00 00200 CAP REL COSTS-MVBLE EQUIP | - 1 | | | | 1. 00 | |
| 5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL 6. 00 00600 MAINTENANCE & REPAIRS | 0 | 151, 558 3, 017, 577 2, 261, 407 | 13, 306 226, 699 0 | 164, 864 3, 244, 276 2, 261, 407 | 164, 864 43, 040 0 | 1. 00 2. 00 4. 00 5. 05 6. 00 |
| 7. 00 00700 0PERATION OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING | 0 0 0 | 1, 488, 570 39, 392 574, 729 | 121, 146 66, 431 | 1, 609, 716 105, 823 | 3, 193 642 | 7. 00 8. 00 |
| 9. 00 00900 HOUSEREEPING 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A | 0 | 600, 276 348, 463 | 45, 122 45, 192 0 | 619, 851 645, 468 348, 463 | 3, 069 696 1, 561 | 9. 00 10. 00 11. 00 |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY | 0 | 386, 496 557, 594 | 54, 257 96, 977 | 440, 753 654, 571 | 3, 960 306 | • |
| 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVI CE | 0 0 0 | 334, 253 990, 169 58, 722 | 39, 216 0 | 373, 469 990, 169 58, 722 | 6, 327 127 0 | 15. 00 16. 00 17. 00 |
| 22. 00 02200 L&R SERVICES-OTHER PRGM COSTS APPRV 23. 00 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 0 | 0 | 0 | 203 0 | 22. 00 23. 00 |
| 23. 01 02301 PARAMED ED PRGM - LAB 4+1 23. 02 02302 PARAMED ED PRGM - RADI OLOGY 23. 03 02303 PARAMED ED PRGM - RESP THER | 0 0 0 | 0 0 0 | 1, 012 0 | 1, 012 0 0 | 362 140 147 | 23. 01 23. 02 23. 03 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY 23. 05 02305 PARAMED ED PRGM-EMT | 0 | 0 246, 380 | 0 | 0 246, 380 | 1, 043 7 | 23. 04 23. 05 |
| 23. 06 O2306 PARAMED ED PRGM - LAB 3+1 I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 0 | 0 | 0 | 0] | 160 | 23. 06 |
| 30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T | 0 | 3, 736, 549 688, 777 | 549, 562 905, 784 | 4, 286, 111 1, 594, 561 | 31, 115 4, 767 | 30. 00 31. 00 |
| 35. 00 02040 NEWBORN NTENSI VE CARE UNI T 40. 00 04000 SUBPROVI DER - PF 43. 00 04300 NURSERY | 0 0 0 | 0 0 0 | 34, 388 0 | 34, 388 0 | 1, 967 4, 490 2, 642 | |
| 44. 00 04400 SKILLED NURSING FACILITY 45. 00 04500 NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44. 00 45. 00 |
| ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATING ROOM | 0 | 1, 911, 481 | 405, 975 | 2, 317, 456 | 2, 879 | 50. 00 |
| 50. 01 05001 0PEN HEART SURGERY 50. 02 05002 0UTPATI ENT SURGERY | 0 | 0 1, 460, 098 | 0 241, 204 | 0 1, 701, 302 | 0 287 | 50. 01 50. 02 |
| 51. 00 05100 RECOVERY ROOM 53. 00 05300 ANESTHESI OLOGY | 0 | 0 | 62, 150 0 | 62, 150 0 | 511 10 | 51. 00 53. 00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 54. 02 05402 ULTRASOUND | 0 | 883, 383 213, 257 106, 159 | 736, 874 119, 398 144, 395 | 1, 620, 257 332, 655 250, 554 | 2, 139 1, 137 989 | 54. 00 54. 01 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | 0 108, 614 | 0 611, 600 | 720, 214 | 0 1, 139 | 1 |
| 57. 00 05700 CT SCAN 58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 0 0 | 0 | 0 0 511, 021 | 0 0 511, 021 | 0 0 932 | |
| 60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY | 0 | 725, 138 0 | 424 | 725, 562 0 | 0 | 60. 00 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE 65. 00 06500 RESPIRATORY THERAPY | 0 | 143, 565 288, 070 | 122, 319 150, 192 | 265, 884 438, 262 | 0 366 2, 906 | 1 |
| 66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 745, 304 68, 857 | 9, 672 1, 705 | 754, 976 70, 562 | 3, 657 904 | 66. 00 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 213, 362 119, 899 97, 382 | 17, 544 0 0 | 230, 906 119, 899 97, 382 | 474 579 11 | 68. 00 69. 00 70. 00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 71. 00 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03020 PAI N CLI NI C 76. 01 03950 ORTHOPEDI CS | 0 | 0 0 48, 325 | 0 0 51 | 0 0 48, 376 | 0 0 0 | |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | 425, 470 91, 635 | 195, 368 61, 064 | 620, 838 152, 699 | 491 1, 972 | 76. 02 |
| 76. 04 03190 RADIATION ONCOLOGY 76. 05 03951 MRI | 0 | 954, 852 209, 078 | 0 17, 871 | 954, 852 226, 949 | 58 276 | 76. 05 |
| 76. 06 03952 BARIATRI C CENTER 76. 07 03550 PSYCH ACTIVITY THERAPY 76. 08 03953 WOUND CARE | 0 0 0 | 0 0 341, 410 | 0 0 4, 565 | 0 0 345, 975 | 0 0 1, 043 | 76. 06 76. 07 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S 76. 10 03955 I NFUSI ON | 0 | 659, 364 34, 690 | 0 97, 046 | 659, 364 131, 736 | 647 | 76. 09 76. 10 |

Period: Worksheet B
From 01/01/2021 Part II
To 1/21/21/2021 Part/II me Propagad: Provider CCN: 15-0004

| | | | To | 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|---|-------------------------|--------------|--------------|--------------|--------------------------------|--------------------|
| | | CAPI TAL REI | ATED COSTS | | 3/30/2022 8.0 | 7 DIII |
| | _ | | | | | |
| Cost Center Description | Directly | BLDG & FIXT | MVBLE EQUIP | Subtotal | EMPLOYEE | |
| | Assigned New Capital | | | | BENEFITS DEPARTMENT | |
| | Related Costs | | | | DEFARTMENT | |
| | 0 | 1.00 | 2.00 | 2A | 4. 00 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | 0 | 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATION CLINIC | 0 | 0 | 0 | 0 | 764 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90.00 09000 CLINIC | 0 | 0 | 0 | 0 | 0 | 89. 00 90. 00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | 2, 804 | 2, 804 | 257 | 90.00 |
| 90. 02 09002 CARDI OLOGY CLI NI C | | 0 | 2,004 | 2,004 | 0 | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 0 | 0 | 10 | 10 | 60 | |
| 91. 00 09100 EMERGENCY | o | 814, 631 | 223, 269 | 1, 037, 900 | 10, 763 | 1 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | 0 | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 99. 00 09900 CMHC | 0 | 0 | 0 | 0 | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | 0 | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS | U U | 614, 330 | 36, 422 | 650, 752 | 13, 974 | 101.00 |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 1 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 0 | 26, 759, 266 | 5, 972, 035 | 32, 731, 301 | 164, 188 | |
| NONREI MBURSABLE COST CENTERS | -1 | ==7.5.7,=00 | 27 = 7 222 | =7.5.7.55.1 | 15.17.155 | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 70, 738 | 0 | 70, 738 | 66 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | 0 | 0 | | 190. 01 |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT | 0 | 0 | 0 | 0 | | 190. 02 |
| 190. 03 19003 MEDI CAL ARTS BUILDING | 0 | 0 | 0 | 0 | | 190. 03 |
| 190. 04 19004 WOMEN'S HEALTH CENTER | 0 | 59, 975 | 0 | 59, 975 | | 190. 04 |
| 190. 05 19005 DEVELOPMENT 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | U | | 190. 05 190. 06 |
| 190. 06 19006 NEUROSURGERT PROF SERVICES | | 0 | 0 | 0 | | 190. 00 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | 0 | 0 | | 190. 07 |
| 190. 09 19009 MDWI SE | o | 0 | Ö | ol | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | 0 | O | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 26, 278 | 0 | 26, 278 | 5 | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | 0 | 0 | 0 | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | 0 | 323, 804 | 0 | 323, 804 | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 0 | 0 | 0 | | 192. 01 |
| 193. 00 19300 NONPAI D WORKERS | 0 | 0 | 0 | 0 | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 925, 073 | 0 | 925, 073 | 0 | 194. 01 |
| 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers | | 0 | 0 | 0 | 0 | 200. 00 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | o | 28, 165, 134 | 5, 972, 035 | 34, 137, 169 | 164, 864 | |
| | ١ | 20, 100, 101 | 3, 7, 2, 000 | 3., .3., 107 | , | |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | | 1 | 0 12/31/2021 | Date/lime Pre 5/30/2022 8:0 | |
|------------------|---|----------------------------|-----------------------|--------------------|----------------------------|--------------------------------|------------------|
| | Cost Center Description | OTHER ADMI NI STRATI VE | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPI NG | |
| | | AND GENERAL 5.05 | 6. 00 | 7.00 | 8. 00 | 9. 00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1. 00 2. 00 | 00100 CAP REL COSTS-BLDG & FLXT 00200 CAP REL COSTS-MVBLE EQUIP | | | | | | 1. 00 2. 00 |
| 4. 00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4. 00 |
| 5. 05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | 3, 287, 316 | l | | | | 5. 05 |
| 6. 00 7. 00 | 00600 MAI NTENANCE & REPAIRS 00700 OPERATION OF PLANT | 45, 106 197, 079 | | 1 | | | 6. 00 7. 00 |
| 8. 00 | 00800 LAUNDRY & LINEN SERVICE | 24, 078 | l | 1 | | | 8. 00 |
| 9. 00 | 00900 HOUSEKEEPI NG | 66, 947 | l | | | 801, 224 | 9. 00 |
| 10.00 | 01000 DI ETARY | 22, 137 | 60, 900 | | | 23, 311 | 10.00 |
| 11. 00 | 01100 CAFETERI A | 34, 541 | 35, 353 | | _ | 13, 532 | 11. 00 |
| 13.00 | 01300 NURSI NG ADMI NI STRATI ON | 68, 726 | l | | | 15, 009 | 13.00 |
| 14. 00 15. 00 | 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY | 11, 771 104, 020 | 56, 570 33, 911 | | 0 | 21, 654 12, 980 | 14. 00 15. 00 |
| 16. 00 | 01600 MEDICAL RECORDS & LIBRARY | 39, 294 | l | 1 | 0 | 38, 452 | 16. 00 |
| 17. 00 | 01700 SOCIAL SERVICE | 1, 171 | 5, 958 | 1 | 0 | 2, 280 | 17. 00 |
| 22. 00 | 02200 I&R SERVICES-OTHER PRGM COSTS APPRV | 16, 044 | 0 | 0 | 0 | 0 | 22. 00 |
| 23. 00 | 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 | 0 | 0 | 0 | 23. 00 |
| 23. 01 23. 02 | 02301 PARAMED ED PRGM - LAB 4+1 02302 PARAMED ED PRGM - RADIOLOGY | 4, 149 1, 838 | 0 | 0 | 0 | 0 0 | 23. 01 23. 02 |
| 23. 02 | 02303 PARAMED ED PRGM - RESP THER | 1, 757 | 0 | | 0 | 0 | 23. 02 |
| 23. 04 | 02304 PARAMED ED PRGM-PHARMACY | 9, 799 | Ö | Ö | 0 | 0 | 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | 5, 228 | 24, 996 | 22, 741 | 0 | 9, 568 | 23. 05 |
| 23. 06 | 02306 PARAMED ED PRGM - LAB 3+1 | 1, 471 | 0 | 0 | 0 | 0 | 23. 06 |
| 20.00 | INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS | 476, 059 | 270.000 | 244 004 | 100.07/ | 145 105 | 20.00 |
| 30. 00 31. 00 | 03100 I NTENSI VE CARE UNI T | 97, 404 | | | | | 30. 00 31. 00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | 31, 375 | | 00,071 | 2, 077 | 0 | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF | 187, 263 | 0 | 0 | 0 | 0 | 40. 00 |
| 43.00 | 04300 NURSERY | 32, 287 | 0 | 0 | 5, 156 | | 43.00 |
| 44. 00 | 04400 SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45. 00 | 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS | 0 | 0 | 0 | 0 | 0 | 45. 00 |
| 50. 00 | 05000 OPERATI NG ROOM | 71, 922 | 193, 927 | 176, 430 | 0 | 74, 231 | 50. 00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | 0 | 0 | 0 | 50. 01 |
| 50. 02 | 05002 OUTPATIENT SURGERY | 37, 861 | 148, 133 | 134, 767 | 0 | 56, 702 | 50. 02 |
| 51.00 | 05100 RECOVERY ROOM | 6, 904 | 0 | 0 | 0 | 0 | 51.00 |
| 53. 00 54. 00 | 05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C | 74, 609 60, 986 | ł | 81, 536 | 0 | 0 34, 306 | 53. 00 54. 00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 16, 977 | 21, 636 | 1 | | 8, 282 | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 15, 852 | 10, 770 | 1 | | 4, 123 | 54. 02 |
| 55.00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | 0 | 0 | 0 | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 30, 125 | 11, 019 | 10, 025 | 0 | 4, 218 | 55. 01 |
| 57. 00 58. 00 | 05700 CT SCAN 05800 MRI | 0 | 0 | 0 | 0 | 0 | 57. 00 58. 00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 14, 164 | 0 | 0 | 0 | 0 | 59. 00 |
| | 06000 LABORATORY | 130, 504 | 73, 568 | 66, 930 | 0 | 28, 160 | |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | 0 | 0 | 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 1 | 0 | 0 | 0 | 0 | 63.00 |
| 63. 01 65. 00 | 06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY | 8, 562 54, 237 | 14, 565 29, 226 | | 0 | 5, 575 11, 187 | 63. 01 65. 00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 54, 716 | l | | | 28, 943 | 66. 00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 12, 545 | | | | 2, 674 | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 10, 398 | 21, 646 | 19, 693 | 0 | 8, 286 | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 2, 037 | l | | 0 | 4, 656 | 69. 00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 2, 067 | 9, 880 | | 0 | 3, 782 | 70.00 |
| 71. 00 72. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS | 136, 142 26, 144 | 0 | 0 | 0 | 0 | 71. 00 72. 00 |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | 471, 528 | | Ö | 0 | 0 | 73. 00 |
| 76. 00 | 03020 PAIN CLINIC | 0 | 0 | 0 | 0 | 0 | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 970 | l . | | 0 | 1, 877 | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 31, 365 | | | 0 | 16, 523 | 76. 02 |
| 76. 03 76. 04 | 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY | 22, 448 19, 576 | l | | | 3, 559 37, 081 | 76. 03 76. 04 |
| 76. 04 76. 05 | 03190 RADIATION ONCOLOGY | 7, 788 | l | 1 | | 8, 119 | 76. 04 76. 05 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0 | 0 | 0 | O | 0,117 | 76. 06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | 0 | 0 | 0 | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 17, 617 | | | | 13, 258 | 76. 08 |
| 76. 09 | 03954 RENAL DIALYSIS | 25, 091 | 66, 895 | | | 25, 606 | 76. 09 |
| 76. 10 76. 11 | 03955 INFUSION 03956 CARE TRANSITION CENTER | 57, 470 0 | 3, 519 0 | 3, 202 | | 1, 347 0 | 76. 10 76. 11 |
| | 03958 ANTI COAGULATION CLINIC | 8, 502 | ő | ő | 0 | | 76. 12 |
| | | | • | • | , | • | • |

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2021 Part II 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Cost Center Description OTHER MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG ADMI NI STRATI VE **REPAI RS** PLANT LINEN SERVICE AND GENERAL 6.00 7.00 8. 00 9. 00 5.05 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 89.00 0 90.00 09000 CLI NI C 0 0 90.00 0 09001 OCC HEALTH CLINIC 0 0 90.01 6,703 C 0 90.01 09002 CARDIOLOGY CLINIC 0 0 90.02 90.02 90.03 09003 SPECIALTY CLINIC 713 0 0 0 90.03 91.00 09100 EMERGENCY 75, 190 145, 789 82.647 0 31, 636 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 99.00 0 0 0 0 99. 10 09910 CORF O 0 Λ 99.10 101.00 10100 HOME HEALTH AGENCY 188, 554 62, 326 56, 703 23, 857 101. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 2, 163, 882 3, 250, 411 1, 831, 248 124, 267 746, 627 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 2, 694 7, 177 6, 529 0 2, 747 190. 00 190. 01 19001 CONVENT 0 0 190. 01 117 C 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 4, 355 0 190. 03 C 0 0 0 0 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 6, 085 2, 329 190. 04 2.418 5.536 190. 05 19005 DEVELOPMENT 0 190.05 0 0 190.06 19006 NEUROSURGERY PROF SERVICES 0 0 0 0 190.06 190. 07 19007 I MAGE RECOVERY 0 0 190. 07 0 0 190. 08 19008 FAMILY SERVICES Ω 0 0 190.08 190. 09 19009 MDWI SE 0 0 190.09 C 0 190. 10 19010 CATHERINE MCAULEY CLINIC 0 0 190. 10 0 190. 11 19011 CENTER OF HOPE 1, 021 190. 11 668 2, 425 2,666 190. 12 19012 SELECT 0 190. 12 0 C 0 190. 13 19013 PERCI NI AS 0 0 190. 13 0 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 12, 575 192. 00 0 32, 851 29, 887 192. 01 19201 WORKING WELL 8, 201 0 192.01 C 193.00 19300 NONPALD WORKERS 0 193.00 194. 01 07951 REHAB 18, 452 93, 852 85, 384 13, 908 35, 925 194. 01 200.00 Cross Foot Adjustments 200.00

3, 287, 316

2, 306, 513

1, 961, 009

138, 175

0 201.00

801, 224 202. 00

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118 through 201)

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| Peri od: | Worksheet B | From 01/01/2021 | Part | I | To 12/31/2021 | Date/Time Prepared: | Part | I | Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Part

| | | | To | 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|--|----------|---------------------|-------------------------------|---------------------------------|-----------------------------|---|
| Cost Center Description | DI ETARY | CAFETERI A | NURSI NG ADMI NI STRATI ON | CENTRAL SERVICES & SUPPLY | PHARMACY | <i>_</i> |
| | 10.00 | 11. 00 | 13. 00 | 14. 00 | 15. 00 | |
| GENERAL SERVICE COST CENTERS 1. 00 00100 CAP REL COSTS-BLDG & FLXT | | | | | | 1. 00 |
| 2. 00 | | | | | | 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 |
| 10. 00 01000 DI ETARY | 807, 918 | 4/5 /12 | | | | 10.00 |
| 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADMINI STRATI ON | 0 | 465, 613 18, 471 | 621, 805 | | | 11. 00 13. 00 |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY | | 2, 277 | 021,003 | 756, 143 | | 14. 00 |
| 15. 00 01500 PHARMACY | O | 27, 107 | 0 | 0 | 588, 666 | 15. 00 |
| 16.00 01600 MEDICAL RECORDS & LIBRARY | 0 | 673 | 0 | 0 | 0 | 16. 00 |
| 17. 00 01700 SOCI AL SERVI CE | 0 | 0 | 0 | 0 | 0 | 17. 00 |
| 22. 00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 23. 00 02300 PARAMED ED PRGM-(SPECI FY) | | 1, 418 | 0 | 0 | 0 | 22. 00 23. 00 |
| 23. 01 02301 PARAMED ED PRGM - LAB 4+1 | | 917 | | ő | 0 | 23. 01 |
| 23. 02 02302 PARAMED ED PRGM - RADI OLOGY | O | 812 | 0 | o | 0 | 23. 02 |
| 23. 03 02303 PARAMED ED PRGM - RESP THER | 0 | 708 | 0 | 0 | 0 | 23. 03 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY 23. 05 02305 PARAMED ED PRGM-EMT | 0 | 4, 031 | 0 491 | 0 | 0 | 23. 04 |
| 23. 05 02305 PARAMED ED PRGM - LAB 3+1 | | 260 0 | 491 | 0 | 0 | 23. 05 23. 06 |
| INPATIENT ROUTINE SERVICE COST CENTERS | 9 | | <u> </u> | <u> </u> | | 20.00 |
| 30. 00 03000 ADULTS & PEDIATRICS | 613, 297 | 130, 704 | · · | 0 | 0 | 30. 00 |
| 31. 00 03100 I NTENSI VE CARE UNI T | 97, 539 | 24, 990 | | 0 | 0 | 31.00 |
| 35. 00 02040 NEWBORN NTENSI VE CARE UNI T 40. 00 04000 SUBPROVI DER - PF | 12, 611 | 7, 163 13, 350 | 13, 502 | 0 | 0 | 35. 00 40. 00 |
| 43. 00 04300 NURSERY | | 13, 330 | | ő | 0 | 43. 00 |
| 44.00 04400 SKILLED NURSING FACILITY | o | 0 | O | ō | 0 | 44. 00 |
| 45. 00 04500 NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45. 00 |
| ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM | O | 10, 162 | 19, 155 | ol | 0 | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY | | 10, 102 | 17, 133 | o | 0 | 50. 00 |
| 50. 02 05002 OUTPATIENT SURGERY | O | 929 | 1, 751 | o | 0 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0 | 1, 867 | 3, 519 | 0 | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | 431 | 0 | 0 | 0 | 53. 00 54. 00 |
| 54. 01 05401 RADI OLOGY SPECIAL PROCEDURES | | 16, 130 4, 812 | 9, 071 | o | 0 | 54. 00 |
| 54. 02 05402 ULTRASOUND | o | 3, 720 | 0 | o | 0 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | 0 | 0 | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY 57. 00 05700 CT SCAN | 0 | 6, 128 | 0 | 0 | 0 | 55. 01 |
| 58. 00 05800 MRI | | 0 | | 0 | 0 | 57. 00 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | o o | 3, 895 | 7, 342 | Ö | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 0 | 0 | 0 | 0 | 0 | 60. 00 |
| 60. 01 06001 BLOOD LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.01 06301 NUCLEAR MEDICINE | | 944 | 0 | 0 | 0 | 63. 00 63. 01 |
| 65. 00 06500 RESPIRATORY THERAPY | Ö | 12, 432 | Ö | Ö | 0 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 9, 715 | 5 | 0 | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 3, 675 | 0 | 0 | 0 | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY | | 1, 457 | 0 | 0 | 0 | 68. 00 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | | 32 | 61 | ő | 0 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 146 | 0 | 635, 160 | 0 | 71. 00 |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS | 0 | 0 | 0 | 120, 983 | 0 | 72.00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03020 PAIN CLINIC | 0 | 0 | 0 | 0 | 588, 666 0 | 73. 00 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | | 0 | 0 | o | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | O | 5, 624 | 10, 602 | O | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | 2, 546 | 4, 799 | o | 0 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 76. 05 03951 MRI | 0 | 1 2/4 | 0 | 0 | 0 | 76.04 |
| 76. 05 03951 MRI 76. 06 03952 BARI ATRI C CENTER | | 1, 364 0 | | O O | 0 | 76. 05 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | | 0 | | ő | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 0 | 4, 499 | 8, 481 | o | 0 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0 | 0 24 007 | 45 202 | 0 | 0 | 76. 09 |
| 76. 10 03955 INFUSION 76. 11 03956 CARE TRANSITION CENTER | | 24, 027 0 | 45, 292 0 | 0 | 0 | 76. 10 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | | 2, 772 | Ö | ő | 0 | 76. 12 |
| | | | | | | |

| | | | To | 12/31/2021 | Date/Time Pre | |
|--|----------|------------|-------------------------------|------------------------|---------------|--------------------|
| Cook Cooks Doors inting | DIETADY | CAFFTEDIA | NUDCLNC | CENTRAL | 5/30/2022 8:0 | 9 pm |
| Cost Center Description | DI ETARY | CAFETERI A | NURSI NG ADMI NI STRATI ON | CENTRAL SERVI CES & | PHARMACY | |
| | | | ADMINISTRATION | SUPPLY | | |
| | 10.00 | 11. 00 | 13. 00 | 14. 00 | 15. 00 | |
| OUTPATIENT SERVICE COST CENTERS | 10.00 | 11.00 | 10.00 | | 101.00 | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | o | 0 | 0 | ol | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | O | 0 | 0 | o | 0 | 90. 00 |
| 90. 01 09001 OCC HEALTH CLINIC | o | 0 | 0 | o | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | O | 0 | 0 | o | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | O | 170 | 0 | o | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | O | 41, 147 | 77, 564 | o | 0 | 91. 00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | | | | • | | 1 |
| 99. 00 09900 CMHC | 0 | 0 | 0 | 0 | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | o | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | O | 66, 951 | 126, 207 | o | 0 | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 113.00 11300 INTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 723, 447 | 458, 456 | 621, 335 | 756, 143 | 588, 666 | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 633 | | 0 | | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | 0 | 0 | | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | 0 | 0 | 0 | 0 | | 190. 03 |
| 190. 04 19004 WOMEN'S HEALTH CENTER | 0 | 794 | 0 | 0 | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | 0 | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | 0 | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | 0 | 0 | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | 0 | 0 | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 0 | 0 | 0 | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | 0 | 0 | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 142 | | 0 | | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | - 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | 0 | 526 | 0 | 0 | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 0 | 0 | 0 | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 04 471 | U F 0/3 | 0 | U | | 193. 00 |
| 194. 01 07951 REHAB | 84, 471 | 5, 062 | 202 | ٩ | 0 | 194. 01 |
| 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers | | 0 | | 42 472 | 0 | 200. 00 201. 00 |
| 201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118 through 201) | 807, 918 | 465, 613 | 0 621, 805 | 42, 472 798, 615 | | |
| 202. 00 TOTAL (Suill TITIES TTO THE OUGH 201) | 007, 918 | 400, 013 | [0∠1,805] | 790, 015 | 200, 000 | 1202.00 |

| Peri od: | Worksheet B | From 01/01/2021 | Part | I | To 12/31/2021 | Date/Time Prepared: | Part | I | Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | | | To | 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | |
|--|--|---|---|--|--|------------|-------------------------------|--|
| | | Cost Center Description | MEDI CAL RECORDS & LI BRARY | | I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV | PRGM | PARAMED ED PRGM - LAB 4+1 | , join |
| | GENER | AL SERVICE COST CENTERS | 16. 00 | 17. 00 | 22. 00 | 23. 00 | 23. 01 | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 15. 00 15. 00 22. 00 23. 01 23. 02 23. 02 23. 04 23. 05 23. 06 | 00100 00200 00400 00590 00600 00700 01100 01100 01500 01500 01500 02200 02301 02302 02303 02304 02305 02306 | CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE I&R SERVICES-OTHER PRGM COSTS APPRV PARAMED ED PRGM - LAB 4+1 PARAMED ED PRGM - RESP THER PARAMED ED PRGM - RESP THER PARAMED ED PRGM - PHARMACY PARAMED ED PRGM-PHARMACY PARAMED ED PRGM-PHARMACY PARAMED ED PRGM-EMT PARAMED ED PRGM-EMT PARAMED ED PRGM - LAB 3+1 | 1, 260, 564 0 0 0 0 0 0 0 0 | 73, 551 0 0 0 0 0 0 0 | 17, 665 | 0 | 6, 440 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 |
| 30. 00 | | I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS | 63, 921 | 3, 744 | | | | 30. 00 |
| 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | 03100 02040 04000 04300 04400 04500 | INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT SUBPROVIDER - IPF NURSERY SKILLED NURSING FACILITY NURSING FACILITY | 14, 734 2, 316 34, 275 3, 220 0 | 863 136 2, 008 189 0 | | | | 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 50. 00 | | LARY SERVICE COST CENTERS OPERATING ROOM | 36, 195 | 2, 120 | | | I | 50. 00 |
| 50. 01 50. 02 51. 00 53. 00 54. 00 54. 01 54. 02 55. 00 55. 01 57. 00 | 05001 05002 05100 05300 05400 05401 05402 05500 05501 | OPEN HEART SURGERY OUTPATIENT SURGERY RECOVERY ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C RADI OLOGY SPECI AL PROCEDURES ULTRASOUND RADI OLOGY-THERAPEUTI C COMPUTED TOMOGRAPHY CT SCAN | 13, 070 2, 966 4, 807 13, 010 17, 809 12, 259 15, 347 0 66, 916 | 0 174 282 762 1, 043 718 899 0 3, 920 | | | | 50. 01 50. 02 51. 00 53. 00 54. 00 54. 01 54. 02 55. 00 55. 01 57. 00 |
| 72. 00 73. 00 76. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 | 05900 06000 06001 06300 06500 06600 06700 07000 07100 07200 03950 03140 03957 03195 03951 | CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY BLOOD STORING, PROCESSING & TRANS. NUCLEAR MEDICINE RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS PAIN CLINIC ORTHOPEDICS CARDIOVASCULAR SERVICES CARDIAC REHABILITATION RADIATION ONCOLOGY MRI BARIATRIC CENTER | 0 18, 484 96, 106 0 1, 844 4, 184 14, 433 8, 714 6, 554 2, 699 19, 519 0 29, 635 5, 718 521, 028 0 0 29 3, 985 9 | 5, 629 0 108 245 845 510 384 1, 143 0 1, 736 335 30, 231 0 0 2 233 1 1 667 | | | | 58. 00 59. 00 60. 00 60. 01 63. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 |
| 76. 10 | 03953 03954 03955 | PSYCH ACTIVITY THERAPY WOUND CARE RENAL DIALYSIS INFUSION CARE TRANSITION CENTER | 0 2, 590 3, 037 40, 142 0 | 178 2, 351 | | | | 76. 07 76. 08 76. 09 76. 10 76. 11 |

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2021 Part II Provider CCN: 15-0004

| SOCIAL SERVICE SERVICES-OTHER PARAMED ED PARAMED | 8: 09 pm |
|---|--------------------|
| Cost Center Description | |
| MEDICAL RECORDS & LIBRARY SOCIAL SERVICE SERVICES-OTHER PRGM COSTS PRGM - LAB | |
| RECORDS & LI BRARY LI BRARY 16.00 17.00 22.00 23.00 23.01 | -D |
| LIBRARY APPRV 16.00 17.00 22.00 23.00 23.01 | |
| 16.00 | 4+1 |
| 76. 12 | |
| SECOND SURVEY SERVICE COST CENTERS | 76. 12 |
| 88. 00 | 70. 12 |
| 89. 00 | 88. 00 |
| 90. 00 09000 CLINIC 0 0 0 0 0 0 0 0 0 | 89. 00 |
| 90. 02 | 90. 00 |
| 90. 02 | 90. 01 |
| 91. 00 | 90. 02 |
| 92. 00 | 90. 03 |
| OTHER REI MBURSABLE COST CENTERS 99. 00 | 91. 00 |
| 99. 00 | 92. 00 |
| 99. 10 09910 CORF 0 0 10100 HOME HEALTH AGENCY 38, 906 2, 279 0 0 0 0 0 0 0 0 0 | |
| 101. 00 10100 HOME HEALTH AGENCY 38, 906 2, 279 | 99. 00 |
| | 99. 10 |
| | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | |
| 113. 00 11300 I NTEREST EXPENSE | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 1, 260, 564 73, 551 0 0 | 0 118. 00 |
| NONREI MBURSABLE COST CENTERS | |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 | 190. 00 |
| 190. 01 19001 CONVENT 0 0 | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 | 190. 02 |
| 190. 03 19003 MEDI CAL ARTS BUI LDI NG 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 0 0 | 190. 03 190. 04 |
| 190. 04 19004 WOMEN 3 REALTH CENTER 0 0 0 | 190. 04 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES 0 0 | 190.05 |
| 190. 07 19007 I MAGE RECOVERY | 190. 07 |
| 190. 08 19008 FMMLLY SERVICES 0 0 | 190. 08 |
| 190. 09 19009 MDWI SE | 190. 09 |
| 190. 10 19010 CATHERI NE MCAULEY CLINIC 0 0 | 190. 10 |
| 190. 11 190.11 CENTER OF HOPE 0 0 | 190, 11 |
| 190. 12 19012 SELECT 0 0 | 190. 12 |
| 190. 13 19013 PERCINIAS 0 0 | 190, 13 |
| 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 0 | 192. 00 |
| 192. 01 19201 WORKI NG WELL 0 0 | 192. 01 |
| 193. 00 19300 NONPALD WORKERS 0 0 | 193. 00 |
| 194. 01 07951 REHAB 0 0 | 194. 01 |
| 200.00 Cross Foot Adjustments 17,665 0 6, | 440 200. 00 |
| 201.00 Negative Cost Centers 0 0 0 | 0 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) 1,260,564 73,551 17,665 0 6, | 440 202. 00 |

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2021 Part II
To 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| Cast Center Description | | | | | | 12/31/2021 | 5/30/2022 8:0 | |
|--|--------|--|--------|-------|---------------|------------|----------------|----------|
| MAIN COUNTY THERE | | Cost Center Description | | | | | | |
| DEPERAL SERVICE DIST CENTERS 23.09 23.09 23.09 23.09 23.09 23.09 23.09 23.09 23.09 23.09 23.00 20.00 | | | | | PRGM-PHARMACY | PRGM-EMT | PRGM - LAB 3+1 | |
| CHERNEL SERVICE CUST CERTIFIES 1.00 | | | | | 23 04 | 23.05 | 23.06 | |
| 1.00 | | GENERAL SERVICE COST CENTERS | 25.02 | 25.05 | 25.04 | 25. 05 | 23.00 | |
| 4.00 00-000 EINER AURIN STRATON 5.00 5 | 1.00 | | | | | | | 1.00 |
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| 14.00 01400 CRITAN SERVICES & SUPPLY 14.00 10.0 | | | | | | | | 1 |
| 16.00 01-000 MEDICAL RECORDS & LIBRARY 10.00 22-00 | 14.00 | 01400 CENTRAL SERVICES & SUPPLY | | | | | | 14. 00 |
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| Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | |
| | PRGM - | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | PRGM - LAB 3+1 | |
| | RADI OLOGY | THER | | | | |
| | 23. 02 | 23. 03 | 23. 04 | 23. 05 | 23. 06 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | | | | | | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | | | | | 89. 00 |
| 90. 00 09000 CLI NI C | | | | | | 90. 00 |
| 90. 01 09001 0CC HEALTH CLINIC | | | | | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | | | | | | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | | | | | | 90. 03 |
| 91. 00 09100 EMERGENCY | | | | | | 91.00 |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART | | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC | İ | | 1 | | | 99. 00 |
| 99. 10 09910 CORF | 4 | | | | | 99. 00 |
| 101.00 10100 HOME HEALTH AGENCY | | | | | | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | | 101.00 |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 0 | (| ol o | 0 | | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | 91 0 | | , | 1110.00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190. 00 |
| 190. 01 19001 CONVENT | | | | | | 190. 01 |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT | | | | | | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | | | | | | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | | | | | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | | | | | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | | | | | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | | | | | | 190. 07 |
| 190.08 19008 FAMILY SERVICES | | | | | | 190. 08 |
| 190. 09 19009 MDWI SE | | | | | | 190. 09 |
| 190.10 19010 CATHERINE MCAULEY CLINIC | | | | | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | | | | | | 190. 11 |
| 190. 12 19012 SELECT | | | | | | 190. 12 |
| 190. 13 19013 PERCI NI AS | | | | | | 190. 13 |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES | | | | | | 192. 00 |
| 192.01 19201 WORKING WELL | | | | | | 192. 01 |
| 193. 00 19300 NONPAI D WORKERS | | | | | | 193. 00 |
| 194. 01 07951 REHAB | | _ | | | | 194. 01 |
| 200.00 Cross Foot Adjustments | 2, 790 | | 1 | | | 200. 00 |
| 201.00 Negative Cost Centers | 0 | (| ۳ ۳ | _ | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 2, 790 | 2, 612 | 2 14, 873 | 309, 671 | 1, 631 | 202. 00 |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | | | To 12/31/2021 Date/Time Pre 5/30/2022 8:0 | |
|------------------|---|-------------------------|----------------------|-----------------------|--|------------------|
| | Cost Center Description | Subtotal | Intern & | Total | 3, 33, 232 | |
| | | | Residents Cost | | | |
| | | | & Post | | | |
| | | | Stepdown | | | |
| | | 24. 00 | Adjustments 25.00 | 26. 00 | _ | |
| | GENERAL SERVICE COST CENTERS | 24.00 | 25.00 | 20.00 | | |
| 1.00 | 00100 CAP REL COSTS-BLDG & FLXT | | | | | 1.00 |
| 2.00 | 00200 CAP REL COSTS-MVBLE EQUIP | | | | | 2. 00 |
| 4.00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | | | | | 4. 00 |
| 5. 05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | | | | | 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 10. 00 | 00900 HOUSEKEEPI NG 01000 DI ETARY | | | | | 9.00 |
| 11. 00 | 01100 CAFETERI A | | | | | 11.00 |
| 13. 00 | 01300 NURSING ADMINISTRATION | | | | | 13. 00 |
| 14.00 | 01400 CENTRAL SERVICES & SUPPLY | | | | | 14. 00 |
| 15. 00 | 01500 PHARMACY | | | | | 15. 00 |
| 16. 00 | 01600 MEDICAL RECORDS & LIBRARY | | | | | 16. 00 |
| 17. 00 | 01700 SOCIAL SERVICE | | | | | 17. 00 |
| 22. 00 | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV | | | | | 22. 00 |
| 23. 00 | 02300 PARAMED ED PRGM-(SPECIFY) | | | | | 23. 00 |
| 23. 01 23. 02 | O2301 PARAMED ED PRGM - LAB 4+1 O2302 PARAMED ED PRGM - RADIOLOGY | | | | | 23. 01 |
| 23. 02 | 02303 PARAMED ED PRGM - RESP THER | | | | | 23. 02 |
| 23. 04 | 02304 PARAMED ED PRGM-PHARMACY | | | | | 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | | | | | 23. 05 |
| 23. 06 | 02306 PARAMED ED PRGM - LAB 3+1 | | | | | 23. 06 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | • | | |
| 30. 00 | 03000 ADULTS & PEDI ATRI CS | 6, 821, 390 | 0 | 6, 821, 39 | | 30. 00 |
| 31. 00 | 03100 I NTENSI VE CARE UNI T | 2, 058, 225 | 0 | 2, 058, 22 | | 31. 00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | 105, 535 | 0 | 105, 53 | | 35. 00 |
| 40. 00 43. 00 | 04000 SUBPROVI DER - I PF 04300 NURSERY | 241, 386 43, 494 | 0 | 241, 38 43, 49 | | 40.00 |
| 44. 00 | 04400 SKI LLED NURSI NG FACI LI TY | 43, 494 | 0 | | 0 | 44. 00 |
| 45. 00 | 04500 NURSING FACILITY | 0 | 0 | | o o | 45. 00 |
| 10.00 | ANCI LLARY SERVI CE COST CENTERS | | | | S ₁ | 10.00 |
| 50.00 | 05000 OPERATI NG ROOM | 2, 904, 477 | 0 | 2, 904, 47 | 7 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | | 0 | 50. 01 |
| 50. 02 | 05002 OUTPATIENT SURGERY | 2, 084, 872 | 0 | _, -,, | | 50. 02 |
| 51.00 | 05100 RECOVERY ROOM | 80, 040 | 0 | 80, 04 | | 51.00 |
| 53. 00 54. 00 | 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C | 88, 822 | 0 | 88, 82 | | 53. 00 54. 00 |
| 54. 00 | 05401 RADI OLOGY SPECIAL PROCEDURES | 1, 923, 829 427, 231 | 0 | 1, 923, 82 427, 23 | | 54. 00 |
| 54. 01 | 05402 ULTRASOUND | 312, 052 | 0 | 312, 05 | | 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 0 | 0 | | 0 | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 853, 704 | 0 | 853, 70 | 4 | 55. 01 |
| 57.00 | 05700 CT SCAN | 0 | 0 | | 0 | 57. 00 |
| | 05800 MRI | 0 | 0 | | 0 | 58. 00 |
| | 05900 CARDI AC CATHETERI ZATI ON | 556, 921 | 0 | | | 59. 00 |
| 60.00 | 06000 LABORATORY | 1, 126, 459 | 0 | ., .==, | | 60.00 |
| 60. 01 63. 00 | 06001 BLOOD LABORATORY | 1 052 | 0 | | 0 | 60. 01 |
| 63. 00 | 06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE | 1, 953 313, 576 | 0 | 1, 95 313, 57 | | 63. 00 63. 01 |
| 65. 00 | 06500 RESPI RATORY THERAPY | 590, 117 | 0 | | | 65. 00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 1, 005, 642 | 0 | 1, 005, 64 | | 66.00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 110, 639 | 0 | 110, 63 | | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 295, 717 | 0 | 295, 71 | 7 | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 171, 064 | 0 | 171, 06 | | 69. 00 |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 122, 203 | 0 | 122, 20 | | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 802, 819 | | 802, 81 | | 71. 00 |
| 72.00 | 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS | 153, 180 | | 153, 18 | | 72.00 |
| 73. 00 76. 00 | 03020 PAIN CLINIC | 1, 611, 453 0 | 0 | 1, 611, 45 | 3 | 73. 00 76. 00 |
| 76. 00 | 03950 ORTHOPEDICS | 60, 586 | n | 60, 58 | - | 76. 00 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 767, 911 | o o | 767, 91 | | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABILITATI ON | 209, 996 | 0 | 209, 99 | | 76. 03 |
| 76. 04 | 03190 RADIATION ONCOLOGY | 1, 196, 583 | 0 | 1, 196, 58 | 3 | 76. 04 |
| 76. 05 | 03951 MRI | 297, 055 | 0 | 297, 05 | | 76. 05 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0 | 0 | | 0 | 76. 06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | | 0 | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 459, 764 941, 677 | 0 | 459, 76 | | 76. 08 |
| 76. 09 76. 10 | 03954 RENAL DI ALYSI S 03955 I NFUSI ON | 841, 677 314, 085 | 0 | 841, 67 314, 08 | | 76. 09 76. 10 |
| | 03956 CARE TRANSITION CENTER | 314,065 | | 1 | 0 | 76. 10 |
| | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | T. | |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS TH HAMMOND In Lieu of Form CMS-2552-10
Provider CCN: 15-0004 Period: Worksheet B
From 01/01/2021 Part II

| | | | | | o 12/31/2021 | Part II Date/Time Prepared: 5/30/2022 8:09 pm |
|-----------|---|--------------------|---|----------------------------|--------------|---|
| | Cost Center Description | Subtotal F | Intern & Residents Cost & Post Stepdown Adjustments | Total | | 573072022 8: 09 pm |
| | | 24. 00 | 25. 00 | 26. 00 | - | |
| 76. 12 0 | 3958 ANTI COAGULATI ON CLINI C | 13, 211 | 0 | 13, 211 | | 76. 12 |
| | UTPATIENT SERVICE COST CENTERS | | | | | |
| 88. 00 0 | 8800 RURAL HEALTH CLINIC | 0 | 0 | (|) | 88. 00 |
| 89. 00 0 | 8900 FEDERALLY QUALIFIED HEALTH CENTER | O | 0 | (| | 89. 00 |
| | 9000 CLI NI C | 0 | 0 | (| | 90.00 |
| | 9001 OCC HEALTH CLINIC | 9, 764 | 0 | 9, 764 | ļ | 90. 01 |
| | 9002 CARDI OLOGY CLINI C | 0 | 0 | (|) | 90. 02 |
| | 9003 SPECIALTY CLINIC | 953 | 0 | 953 | | 90. 03 |
| | 9100 EMERGENCY | 1, 653, 677 | 0 | 1, 653, 677 | | 91. 00 92. 00 |
| | 9200 OBSERVATION BEDS (NON-DISTINCT PART THER REIMBURSABLE COST CENTERS | | U _I | | | 92.00 |
| | 9900 CMHC | ol | 0 | (| | 99. 00 |
| | 9910 CORF | 0 | o | (| | 99. 10 |
| | 0100 HOME HEALTH AGENCY | 1, 230, 509 | o | 1, 230, 509 | | 101.00 |
| | PECIAL PURPOSE COST CENTERS | | | | • | |
| 113.001 | 1300 INTEREST EXPENSE | | | | | 113. 00 |
| 118. 00 | SUBTOTALS (SUM OF LINES 1 through 117) | 31, 862, 571 | 0 | 31, 862, 571 | | 118. 00 |
| | ONREI MBURSABLE COST CENTERS | | | | | |
| 1 | 9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 90, 584 | 0 | 90, 584 | | 190. 00 |
| | 9001 CONVENT | 117 | 0 | 117 | | 190. 01 |
| | 9002 HOME MEDICAL EQUIPMENT 9003 MEDICAL ARTS BUILDING | 0 4, 355 | 0 | 4, 355 | | 190. 02 190. 03 |
| | 9004 WOMEN'S HEALTH CENTER | 77, 227 | 0 | 77, 227 | | 190. 03 |
| 1 | 9005 DEVELOPMENT | 77,227 | 0 | 77, 227 | | 190. 05 |
| | 9006 NEUROSURGERY PROF SERVICES | o | o | (| | 190. 06 |
| 190. 07 1 | 9007 I MAGE RECOVERY | O | О | (| | 190. 07 |
| 190. 08 1 | 9008 FAMILY SERVICES | o | О | (| | 190. 08 |
| | 9009 MDWI SE | 0 | 0 | (| | 190. 09 |
| | 9010 CATHERINE MCAULEY CLINIC | 0 | 0 | (|) | 190. 10 |
| | 9011 CENTER OF HOPE | 33, 473 | 0 | 33, 473 | 3 | 190. 11 |
| | 9012 SELECT | 0 | 0 | (| | 190. 12 |
| | 9013 PERCINIAS | 200 (42 | 0 | 200 (4) | | 190. 13 192. 00 |
| | 9200 PHYSICIANS' PRIVATE OFFICES 9201 WORKING WELL | 399, 643 8, 716 | 0 | 399, 643 8, 71 <i>6</i> | | 192. 00 |
| | 9300 NONPALD WORKERS | 0, 710 | 0 | 0, 710 | á | 193. 00 |
| | 7951 REHAB | 1, 262, 329 | o | 1, 262, 329 | Ó | 194. 01 |
| 200.00 | Cross Foot Adjustments | 355, 682 | Ö | 355, 682 | | 200. 00 |
| 201.00 | Negative Cost Centers | 42, 472 | 0 | 42, 472 | | 201. 00 |
| 202. 00 | TOTAL (sum lines 118 through 201) | 34, 137, 169 | O | 34, 137, 169 | | 202. 00 |

| Cost Control Cost | | Financial Systems | FRANCI SCAN HE | | | | eu of Form CMS | |
|--|--------|-----------------------------------|----------------|---------------------------------------|----------------------------------|-----------------|----------------------------------|--------|
| CAPITAL, RELATED COSTS FIRM DIVER SPECIAL FLEX SPECIAL FLEX COSTS FIRM DIVER SPECIAL FLEX COSTS SPECIAL FLEX | COST A | ALLOCATION - STATISTICAL BASIS | | Provi der C | | From 01/01/2021 | | pared: |
| Cost Center Description | | | CADITAL DE | LATED COSTS | | | 5/30/2022 8:0 | 9 pm |
| SERBERAL SERVICE COST CENTERS | | Cost Center Description | BLDG & FIXT | MVBLE EQUIP | BENEFITS DEPARTMENT (GROSS | Reconciliation | ADMI NI STRATI VE AND GENERAL | |
| 1.00 | | | 1.00 | 2.00 | 4. 00 | 5A. 05 | 5. 05 | |
| 2.00 00000 CAP REL DOSTS-MINEL EDUIL P 0.00000 LINEAR AMIN HISTRATI VE AND EDHERAL 57. 760 68, 090 70, 774, 076 5.00 00000 LINEAR AMIN HISTRATI VE AND EDHERAL 57. 760 88, 090 718, 464, 778 6.00 00000 LINEAR AMIN HISTRATI VE AND EDHERAL 57. 760 0000000 LINEAR AMIN HISTRATI VE AND EDHERAL 57. 760 0000000 LINEAR AMIN HISTRATI VE AND EDHERAL 57. 760 000000000000000000000000000000000 | | | | | | | | |
| 4.00 DOSCO) IMPLE FOR THE IN SILE PARTITION AND GENERAL 7,700 8,905 1,47,907 1,370,907 0 0 0 0 0 0 0 0 0 | | | 539, 114 | | | | | |
| 5.05 0 00090 DITHER ADMINISTRATIVE AND CENTERNI 57, 760 0 89, 969 18, 464, 776 48, 901, 850 164, 813, 379 5, 65 0 0 00000 DITHER ADMINISTRATIVE AND CENTER SHAPE 5 42, 286 42, 296 0 1, 370, 90 0 9, 880, 522 7, 00 0 00000 DISTRATIVE BY SHAPE 5 11, 000 117, | | | 2 001 | | | , | | |
| 0.000 0.0000 IAM MERIANCE & REPAIRS | | | | | | | 164 813 379 | |
| 7.00 0 00000 DEBATION OF PLANT 28,493 47,398 1,370,987 0 9,880,632 7.00 9.00 1 00000 LUSEKEEP ING 11,001 17,668 1,317,758 0 3,356,409 9.00 9.00 1 00000 LUSEKEEP ING 11,001 17,668 1,317,758 0 3,356,409 9.00 13.10 0 10000 LUSEKEEP ING 1,1001 17,688 1,317,758 0 3,356,409 9.00 13.10 0 10300 NIRSH ING ARM IN STRATION 7,388 21,228 1,700,507 0 3,445,609 10.00 15.00 0 10300 NIRSH ING ARM IN STRATION 7,388 21,228 1,700,507 0 5,218,602 14.00 15.00 0 10300 PILABARCY 8,389 1,333,43 2,716,597 0 5,218,602 15.00 1,700,507 0 5,218,602 1,700,507 0 5,218,602 1,700,507 0 5,218,602 1,700,507 0 5,218,602 1,700,507 0 5,218,602 1,700,507 0 5,718,602 1,700,507 0 5,718,602 1,700,709 1,700,709 1,700, | | | | | | 0 | | |
| 9.00 0.0900 NUSSECREP INS | | | | | 1, 370, 98 | 7 0 | | |
| 10.00 01000 DETARY | | 1 1 | | | | | | • |
| 11.00 01100 CAFETERIA 6.670 0 670.434 0 1,731,733 31.00 13.00 01300 CAFETERIA 7,396 21.226 1,700.507 0 3,445.60 13.00 13.00 14.00 CENTRAL SERVICES & SURPLY 10,673 37.942 131.271 0 590.143 14.00 14.00 CENTRAL SERVICES & SURPLY 10,673 37.942 131.271 0 5.218.00 15.00 13.00 | | | | | | | | 1 |
| 13.00 01300 NIRSH NG AMM IN STRATION | | 1 1 | | 1 | | | | |
| 14.00 0 1400 CENTRAL SERVICES & SUPPLY 10.673 37.942 131; 271 0 590,143 14.00 15.00 | | | | | | | | |
| 15.00 0 1500 PHABMACY 6, 308 15, 343 2, 716, 507 0 5, 716, 502 17.00 31.00 17.00 31.00 17.00 31.00 32.00 17.00 17.00 1 | | | | l . | | | | 1 |
| 17.00 0.700 SOCIAL SERVICE 1.124 0 0 0 58.722 17.00 22.00 22.00 22.00 22.00 0.200 18.5 SERVICES-OTHER PROBLOSTS APPRV 0 0 0 0 0 0 0 23.0 | 15.00 | | | | 2, 716, 59 | 7 0 | 5, 215, 062 | 15. 00 |
| 22 00 02200 IAS SERVICES-OTHER PROBLOSTS APPRV 0 | | i i | | | | | | 1 |
| 23.00 03000 PARAMED ED PROM : SPECI ITY) | | | 1 | l | | - | | |
| 23.01 03301 PARAMED ED PRICA - LAB 4-1 0 396 155, 338 0 208, 025 23.01 23.02 233.02 03302 PARAMED ED PRICA - PARIOLOGY 0 0 63.193 0 88. 066 23.04 23.04 23.04 PARAMED ED PRICA - PARIOLOGY 0 0 0 43.193 0 88. 066 23.04 23.04 23.04 PARAMED ED PRICA - PARIOLOGY 0 0 471.266 23.04 23.05 23.05 PARAMED ED PRICA - PARAMED E | | | - | _ | | | | |
| 23.00 02302 PARAMED ED PROU - REDRU - REDRU - PER 0 | | | - | _ | | - | | |
| 23 03 02303 PARAMED ED PROM - RESP THER 0 0 63, 193 0 88, 066 23, 04 0230 PARAMED ED PROM - HARMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 0230 PARAMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 PARAMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 PARAMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 PARAMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 PARAMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 PARAMED ED PROM - LAB 3:1 0 0 0 68, 672 0 73, 761 23, 06 PARAMED ED PROM - LAB 3:1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | - | | 1 | | | |
| 32.05 02305 PARAMED ED PRICM - LAB 3+1 0 | | | 0 | 0 | | | | |
| 32.00 PARAMED ED PRGM - LAB 3+1 0 0 68,672 0 73,761 23.06 | 23. 04 | | 0 | 0 | 447, 960 | 0 | 491, 266 | |
| INPAIL ENT ROUTI NE SERVICE COST CENTERS | | | | | | | | ı |
| 0.00 0.000 | 23. 06 | | | 0 | 68, 672 | 2 0 | /3, /61 | 23.06 |
| 31.00 03100 INTENSI VE CARE UNIT 13, 184 354, 384 2, 046, 703 0 4, 883, 369 31.50 0 0200 MEMBORN INTENSI VE CARE UNIT 0 13, 454 844, 455 0 1, 752, 977 32.50 0 0 0 0 0 0 0 0 0 0 | 30 00 | | 71 522 | 215 014 | 13 359 93! | 5 0 | 23 870 190 | 30 00 |
| 15. 00 02040 NEMBORN INTENSIVE CARE UNIT 0 13, 454 844, 455 0 1,572, 977 35. 00 43. 00 04300 SUBPROVIDER - I PF 0 0 0 0 1,134,531 0 1,618,717 40. 00 44. 00 04400 05 04500 0 0 0 0 0 0 0 0 0 | | 1 1 | | | | | | |
| 43.00 04300 NURSERY 0 0 1,134,531 0 1,618,717 43.00 | | 02040 NEWBORN INTENSIVE CARE UNIT | 0 | 13, 454 | 844, 45! | 5 0 | | |
| 44. 00 04400 SALLED NURSING FACILITY | | | 0 | 0 | | | | 1 |
| A5.00 OSCOO OPERATING ROOM | | 1 | 0 | 0 | | | | • |
| ANCILLARY SERVICE COST CENTERS 50.00 50.00 60. | | | | | • | | | • |
| 50.00 | 45.00 | | | 0 | | 5 0 | 0 | 45.00 |
| 50.00 05002 05002 01PATI ENT SURGERY 27, 948 94, 370 123, 232 0 1, 898, 183 50.02 51.00 6100 REGOVERY ROOM 0 24, 316 219, 387 0 346, 131 51.00 53.00 05300 ANESTHESI OLOGY 0 0 24, 316 219, 387 0 346, 131 51.00 05400 RADI OLOGY-DI AGNOSTI C 16, 909 288, 299 918, 585 0 3, 057, 562 54.00 05401 RADI OLOGY SPECI AL PROCEDURES 4, 082 46, 714 488, 309 0 851, 151 54.01 54.02 05402 ULTRASOUND 2, 032 56, 494 424, 850 0 794, 721 54.02 05402 ULTRASOUND 2, 032 56, 494 424, 850 0 794, 721 54.02 05500 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 0 0 0 | 50.00 | | 36, 588 | 158, 836 | 1, 236, 27! | 5 0 | 3, 605, 831 | 50.00 |
| 51 00 05100 RECOVERY ROOM 0 24, 316 219, 387 0 346, 131 51, 00 53, 200 5300 ARESTHESI OLOGY 0 0 0 4, 104 0 3, 740, 555 53, 00 54, 00 05400 RADI OLOGY-DI AGNOSTI C 16, 909 288, 299 918, 585 0 3, 057, 562 54, 00 54, 00 05400 RADI OLOGY-SPECI AL PROCEDURES 4, 082 46, 714 488, 309 0 851, 151 54, 01 54, 00 54, 00 54, 00 54, 00 54, 00 54, 00 54, 00 54, 00 55, 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 0 0 0 | 50. 01 | 05001 OPEN HEART SURGERY | | · · · · · · · · · · · · · · · · · · · | | 0 | 0 | 50. 01 |
| 53.00 05300 ABSTHESI OLOGY 0 0 4, 104 0 3, 740, 555 53.00 | | | 27, 948 | | | | | 1 |
| 54. 01 05400 RADI OLOGY - DI ACNOSTI C 16, 909 288, 299 918, 585 0 3, 057, 562 54. 00 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 4, 082 46, 714 488, 309 0 851, 151 54. 01 54. 02 05402 ULTRASOUND 2, 032 56, 494 424, 850 0 794, 721 54. 02 55. 00 05500 RADI OLOGY - THERAPEUTI C 0 0 0 0 0 0 0 0 0 | | | 0 | 24, 316 | | | | |
| 54.1 or 05401 RADI OLOGY SPECI AL PROCEDURES 4,082 0,32 56,494 424,850 0 0 851,151 54,01 54,02 55,00 55,00 794,721 54,02 55,00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 794,721 54,02 55,00 55,00 55,00 0,00 0 0 0 794,721 54,02 55,00 55,00 55,00 0 55,00 05500 CT SCAND 0 0 0 0 0 0 0 0 0 55,00 05500 0 | | | 16 909 | 288 299 | | | | |
| 54. 02 05402 ULTRASOUND 2,032 56,494 424,850 0 794,721 54.02 55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 55.02 55. 01 05501 COMPUTED TOMOGRAPHY 2,079 239,286 488,912 0 1,510,318 55.01 0 0 0 0 0 0 55.00 | | 1 1 | | | | | | 1 |
| 55.01 05501 00501 00MPUTED TOMOGRAPHY 2,079 239,286 488,912 0 1,510,318 55.01 57.00 05700 05800 05800 MRI 0 0 0 0 0 0 0 0 0 | | 1 I | 1 | | | | | 1 |
| 57. 00 05700 CT SCAN 0 0 0 0 0 0 0 57. 00 58. 00 05800 MRI 0 0 0 0 0 0 0 58. 00 59. 00 05900 CARDIAC CATHETERIZATION 0 199, 935 400, 352 0 710, 098 60. 00 06000 LABORATORY 13, 880 166 0 0 0 0 6, 542, 887 60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 0 0 0 0 0 63. 01 06301 NUCLEAR MEDI CI NE 2, 748 47, 857 157, 153 0 429, 262 63, 01 65. 00 06500 RESPI RATORY THERAPY 5, 514 58, 762 1, 247, 601 0 2, 714, 206 66. 00 66. 00 06600 PHYSI CAL THERAPY 14, 266 3, 784 1, 570, 066 0 2, 743, 206 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 1, 318 667 388, 335 0 628, 939 67. 00 68. 00 06800 SPECCH PATHOLOGY 4, 084 6, 864 203, 735 0 521, 299 68. 00 69. 00 06900 ELECTROCARDI OLOGY 2, 295 0 248, 583 0 102, 127 69. 00 71. 00 07000 ELECTROCARDI OLOGY 2, 295 0 248, 583 0 102, 127 69. 00 72. 00 07200 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 0 0 74. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 76. 00 03020 PAIN CLINIC 0 0 0 0 0 0 76. 01 03950 ORTHOPEDICS 925 20 0 0 0 0 48, 652 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 8, 144 76, 437 210, 796 0 1, 572, 479 76. 02 76. 03 03951 CARDI AC REHABI LI TATI ON 1, 754 23, 891 846, 750 0 0 0 981, 434 76. 04 76. 05 03951 MRI 4, 002 6, 992 118, 379 0 390, 442 76. 05 76. 06 03952 BARRIATRI C CENTER 0 0 0 0 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 76. | | | 1 | _ | | - | | |
| 58. 00 0 05900 MRI 0 05900 05900 CARDI AC CATHETERIZATION 0 199, 935 000, 352 | | | 2, 079 | 239, 286 | | | | |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 199, 935 400, 352 0 710, 098 59. 00 60. 00 06000 LABORATORY 13,880 166 0 0 6.00 0 6.00 6.00 6.00 6.00 0 0 0 6.00 6.00 6.00 6.00 0 0 0 0 6.00 6.00 6.00 0< | | | 0 | 0 |) | | 1 | |
| 60. 00 06000 LABORATORY 13,880 166 0 0 6,542,887 60. 00 60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 0 0 | | | | 199 935 | 400 35 | | | |
| 60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 0 0 | | | 13, 880 | | | | | |
| 63. 01 06301 NUCLEAR MEDICINE 2,748 47,857 157,153 0 429,262 63. 01 65. 00 RESPIRATORY THERAPY 5,514 58,762 1,247,601 0 2,719,182 65. 00 66. 00 06600 PHYSI CAL THERAPY 14,266 3,784 1,570,066 0 2,743,206 66. 00 06700 OCCUPATI ONAL THERAPY 1,318 667 388,335 0 628,939 67. 00 06800 SPECCH PATHOLOGY 4,084 6,864 203,735 0 521,299 68. 00 06900 ELECTROCARDI OLOGY 2,295 0 248,583 0 102,127 69. 00 07000 ELECTROCARDI OLOGY 1,864 0 4,761 0 103,616 70. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 1,310,720 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 1,310,720 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 1,310,720 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 1,310,720 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 23,640,228 73. 00 76. 00 03020 PAIN CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 76. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 60. 01 | | 0 | 0 | | 0 | | |
| 65. 00 06500 RESPIRATORY THERAPY 5, 514 58, 762 1, 247, 601 0 2, 719, 182 65. 00 66. 00 06600 PHYSI CAL THERAPY 14, 266 3, 784 1, 570, 066 0 2, 743, 206 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 1, 318 667 388, 335 0 628, 939 67. 00 69. 00 06800 SPEECH PATHOLOGY 4, 084 6, 864 203, 735 0 521, 299 68. 00 69. 00 06900 ELECTROCARDI OLOGY 2, 295 0 248, 583 0 102, 127 69. 00 70. 00 07000 ELECTROCREPHALOGRAPHY 1, 864 0 4, 761 0 103, 616 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 1, 310, 720 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 1, 310, 720 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 23, 640, 228 73. 00 76. 00 03020 PAI N CLI NI C 0 0 0 0 0 0 23, 640, 228 73. 00 76. 00 03950 ORTHOPEDI CS 925 20 0 0 48, 652 76. 01 03950 ORTHOPEDI CS 925 20 0 0 48, 652 76. 01 76. 03 03957 CARDI AC REHABI LI TATI ON 1, 754 23, 891 846, 750 0 1, 572, 479 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 1, 754 23, 891 846, 750 0 981, 434 76. 04 76. 05 03951 MRI 4, 002 6, 992 118, 379 0 390, 442 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 843, 861 0 76. 07 76. 08 03953 WOUND CARE 6, 535 1, 786 447, 952 0 883, 218 76. 08 | | · · | 0 | 0 | (| 0 | | |
| 66. 00 06600 PHYSI CAL THERAPY 14, 266 3, 784 1, 570, 066 0 2, 743, 206 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 1, 318 667 388, 335 0 628, 939 67. 00 68. 00 06800 SPEECH PATHOLOGY 4, 084 6, 864 203, 735 0 521, 299 68. 00 06900 ELECTROCARDI OLOGY 2, 295 0 248, 583 0 102, 127 69. 00 70. 00 07000 ELECTROCARDI OLOGRAPHY 1, 864 0 4, 761 0 0 103, 616 70. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0 0 0 0 0 0 0, 825, 541 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 1, 310, 720 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 23, 640, 228 73. 00 76. 00 03020 PAIN CLINIC 0 0 0 0 0 0 23, 640, 228 73. 00 76. 01 03950 ORTHOPEDI CS 925 20 0 0 48, 652 76. 01 76. 01 03950 ORTHOPEDI CS 8, 144 76, 437 210, 796 0 1, 572, 479 76. 02 03140 CARDI OVASCULAR SERVI CES 8, 144 76, 437 210, 796 0 1, 572, 479 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 1, 754 23, 891 846, 750 0 1, 125, 432 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 18, 277 0 25, 000 0 981, 434 76. 04 76. 05 03952 BARI ATRI C CENTER 0 0 0 0 843, 861 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 843, 861 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 843, 861 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 843, 861 0 76. 08 03953 WOUND CARE | | | | | | | | |
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| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 0 0 0 6,825,541 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 1,310,720 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 23,640,228 73. 00 76. 00 03020 PAI N CLINIC 0 0 0 0 0 0 76. 00 76. 01 03950 ORTHOPEDICS 925 20 0 0 48,652 76. 01 76. 02 03140 CARDI OVASCULAR SERVICES 8,144 76,437 210,796 0 1,572,479 76. 02 76. 03 03957 CARDI AC REHABILITATION 1,754 23,891 846,750 0 1,125,432 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 18,277 0 25,000 0 981,434 76. 04 76. 05 03951 MRI 4,002 6,992 | | | | | | | | |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 1, 310, 720 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 23, 640, 228 73. 00 76. 00 03020 PAI N CLINIC 0 0 0 0 0 0 76. 00 76. 01 03950 ORTHOPEDI CS 925 20 0 0 48, 652 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 8, 144 76, 437 210, 796 0 1, 572, 479 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 1, 754 23, 891 846, 750 0 1, 125, 432 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 18, 277 0 25, 000 0 981, 434 76. 04 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 <td< td=""><td></td><td>1 1</td><td>1, 864</td><td>0</td><td>4, 76°</td><td>1 0</td><td></td><td>•</td></td<> | | 1 1 | 1, 864 | 0 | 4, 76° | 1 0 | | • |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 23, 640, 228 73. 00 76. 00 03020 PAI N CLINIC 0 0 0 0 0 76. 00 76. 01 03950 ORTHOPEDI CS 925 20 0 0 48,652 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 8, 144 76, 437 210, 796 0 1,572, 479 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 1,754 23,891 846,750 0 1,125,432 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 18,277 0 25,000 0 981,434 76. 04 76. 05 03951 MRI 4,002 6,992 118,379 0 390,442 76. 05 76. 06 03952 BARI ATRIC CENTER 0 0 0 0 0 76. 06 76. 08 03953 WOUND CARE 6,535 1,786 447,952 0 | | 1 1 | 0 | 0 | (| 0 | | |
| 76. 00 03020 PAIN CLINIC 0 0 0 0 76. 00 76. 01 03950 ORTHOPEDICS 925 20 0 0 48,652 76. 01 76. 02 03140 CARDI OVASCULAR SERVICES 8, 144 76, 437 210,796 0 1,572,479 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 1,754 23,891 846,750 0 1,125,432 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 18,277 0 25,000 0 981,434 76. 04 76. 05 03951 MRI 4,002 6,992 118,379 0 390,442 76. 04 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 843,861 0 76. 07 76. 08 03953 WOUND CARE 6,535 1,786 447,952 0 883,218 76. 08 | | 1 1 | 0 | 0 | | 0 | | |
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| 76. 02 03140 CARDI OVASCULAR SERVI CES 8, 144 76, 437 210, 796 0 1, 572, 479 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 1, 754 23, 891 846, 750 0 1, 125, 432 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 18, 277 0 25, 000 0 981, 434 76. 04 76. 05 03951 MRI 4, 002 6, 992 118, 379 0 390, 442 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 76. 07 76. 08 03953 WOUND CARE 6, 535 1, 786 447, 952 0 883, 218 76. 08 | | | - | _ | | | | 1 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 18, 277 0 25, 000 0 981, 434 76. 04 76. 05 03951 MRI 4, 002 6, 992 118, 379 0 390, 442 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 0 843, 861 0 76. 07 76. 08 03953 WOUND CARE 6, 535 1, 786 447, 952 0 883, 218 76. 08 | | 1 1 | 8, 144 | 76, 437 | 210, 790 | 5 0 | | 1 |
| 76. 05 03951 MRI 4,002 6,992 118,379 0 390,442 76.05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 76.06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 843,861 0 76.07 76. 08 03953 WOUND CARE 6,535 1,786 447,952 0 883,218 76.08 | 76. 03 | | 1, 754 | 23, 891 | 846, 750 | 0 | | |
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| 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 843, 861 0 76. 07 76. 08 03953 WOUND CARE 6, 535 1, 786 447, 952 0 883, 218 76. 08 | | | 1 | 6, 992 | | | | 1 |
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| | | | 6. 535 | 1. 786 | | | | |
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| Period: | Worksheet B-1 | From 01/01/2021 | To 12/31/2021 | Date/Time Prepared: Provider CCN: 15-0004

| Cost Center Description | | | | | Τ̈́ | o 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|--|---------------|--|--------------|-------------|----------------------------------|----------------|----------------------------------|---------|
| SOURCE FEET COLLAR VALUE BENEFITS CARDINISTER AND CREENEAL (ACCUM. COST) | | | CAPITAL REI | LATED COSTS | | | 37 307 2022 0.0 | y piii |
| 1.00 2.00 4.00 54.05 5.05 5.05 76.11 0.3956 CARE TRANSITION CENTER 0 0 0 0 0 0 0 76.11 0.3956 CARE TRANSITION CENTER 0 0 0 0 0 0 0 76.11 0.3956 CARE TRANSITION CENTER 0 0 0 0 0 0 0 76.11 0.3956 CARE TRANSITION CENTER 0 0 0 0 0 0 0 0 0 | | Cost Center Description | | | BENEFITS DEPARTMENT (GROSS | Reconciliation | ADMI NI STRATI VE AND GENERAL | |
| 76. 10 03955 INFUSION | | | 1.00 | 2.00 | | 5A. 05 | 5. 05 | |
| 03758 ANTICOAGULATION CLINIC 0 0 328,128 0 426,237 76,12 | 76. 10 03955 | I NFUSI ON | 664 | | 2, 146, 387 | 0 | 2, 881, 275 | 76. 10 |
| SERIOR SERVICE COST CENTERS | 76. 11 03956 | CARE TRANSITION CENTER | 0 | 0 | C | 0 | 0 | 76. 11 |
| B8. 00 | | | 0 | 0 | 328, 128 | 0 | 426, 237 | 76. 12 |
| 99 00 089900 CLRINC 0 | | | | 1 | | | | |
| 99. 00 09000 CALINI C | 1 | | 0 | 0 | | | | |
| 99. 01 09001 00CC CEALTH CLINIC 0 1,097 110,476 0 336,675 0.01 99. 02 09002 CARDI OLOGY CLINIC 0 4 25,845 0 35,763 90.03 99. 03 09003 SPECIALTY CLINIC 15,593 87,353 4,621,473 0 7,309,187 91. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART 15,593 87,353 4,621,473 0 7,309,187 91. 00 09900 CMREGREDY 0 0 0 0 0 0 0 0 91. 00 09910 CMP 00P910 CMP 0 0 0 0 0 0 0 0 0 | 1 | | 0 | 0 | 0 | 0 | | |
| 99. 02 09002 CARDI OLOGY CLINI C | | | 0 | 1 097 | 110 476 | | | 1 |
| 90.03 39003 SPECI ALTY CLINIC 0 4 25.845 0 35.763 90.03 91.00 09100 DERRGENCY 0 15.593 87.353 4.621.473 0 7.309.187 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 91.00 0 0 0 0 0 0 0 99.00 09900 CARE 0 0 0 0 0 0 0 0 0 | | | 0 | 1 - 1 | | | | |
| 92.00 09200 095RWATION BEDS (NON-DISTINCT PART OF OTHER REI MURRABLE COST CENTERS 99.00 099000 099000 099000 099000 099000 099000 | | | 0 | 4 | 25, 845 | 0 | 35, 763 | 1 |
| OTHER RELIBURSABLE COST CENTERS 0 0 0 0 0 0 0 99.00 | 91. 00 09100 | EMERGENCY | 15, 593 | 87, 353 | 4, 621, 473 | 0 | 7, 309, 187 | 91. 00 |
| 99.0 0 09900 CMHC 0 0 0 0 0 0 0 0 0 0 99.00 101 100 10100 HOME HEALTH AGENCY 11,759 14,250 6,000,181 0 9,453,225 101.00 SPECIAL PURPOSE COST CENTERS | | | | | | | | 92. 00 |
| 99.10 09910 00PF 0 0 0 0 0 0 0 0 9, 153, 225 101. 00 10100 h0ME HEALTH AGENCY 11,759 14,250 6,000,181 0 9,453,225 101. 00 10100 h0ME HEALTH AGENCY 11,759 14,250 6,000,181 0 9,453,225 101. 00 10100 10100 h0ME HEALTH AGENCY 11,759 14,250 6,000,181 0 9,453,225 101. 00 10100 10100 h0ME HEALTH AGENCY 11,759 14,250 6,000,181 0 9,453,225 101. 00 101000 101000 101000 101000 101000 101000 101000 101000 101000 101000 101000 | | | | 1 - | | 1 | | |
| 100 10100 1000 HEALTH AGENCY 11, 759 14, 250 6, 000, 181 0 9, 453, 225 101. 00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 INTEREST EXPENSE 113.00 SUBITORIALS (SUM OF LINES 1 through 117) 512, 204 2, 336, 535 70, 484, 007 -48, 057, 989 162, 963, 132 118. 00 1130 | | | 0 | 1 | | | | 1 |
| SPECIAL PURPOSE COST CENTERS 113.00 100 | - | | 11 750 | - | - | | | |
| 113.00 11300 INTEREST EXPENSE | | | 11,737 | 14, 230 | 0,000,101 | 0 | 7, 433, 223 | 1101.00 |
| NONRE IMBURSABLE COST CENTERS 1,354 | | | | | | | | 113. 00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1,354 0 28,326 0 135,083 190. 00 190. 01 19000 100 | 118. 00 | SUBTOTALS (SUM OF LINES 1 through 117) | 512, 204 | 2, 336, 535 | 70, 484, 007 | -48, 057, 989 | 162, 963, 132 | 118. 00 |
| 190. 01 19001 CONVENT | | | | | | | | |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT 0 0 0 0 0 0 218, 337 190. 03 19003 MEDI CAL ARTS BUI LDI NG 0 0 0 0 218, 337 190. 03 190. 04 19004 WOMEN'S HEALTH CENTER 1, 1,148 0 38, 612 0 121, 230 190. 04 190. 05 19005 DEVELOPMENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 1, 354 | 1 | | | | |
| 190. 03 19003 MEDI CAL ARTS BUILDING 0 0 0 38,612 0 121, 230 190. 04 190. 05 19005 DEVELOPMENT 0 0 0 0 0 0 0 0 0 | | | 0 | 0 | | | | 1 |
| 190. 04 190.04 WOMEN''S HEALTH CENTER 1,148 0 38,612 0 121,230 190. 04 190.06 190.05 190.05 190.06 190.06 190.06 190.06 190.06 190.06 190.06 190.06 190.07 190.06 190.07 190.07 190.08 190.07 190.08 190.08 190.07 190.08 190.08 190.09 19 | 190. 02 19002 | MEDICAL ARTS RILLIDING | 0 | 0 | - | _ | | |
| 190. 05 19005 DEVELOPMENT 190. 06 19006 DEUROSURGERY PROF SERVICES 0 0 0 0 0 0 0 0 0 190. 05 190. 07 19007 I MAGE RECOVERY 0 0 0 0 0 0 0 0 190. 07 190. 08 19008 FAMILY SERVICES 0 0 0 0 0 0 0 0 190. 08 190. 09 19009 MWWI SE 0 0 0 0 0 0 0 0 190. 08 190. 10 19010 CATHERI NE MCAULEY CLINIC 0 0 0 0 0 0 0 0 190. 10 190. 11 19011 CENTER OF HOPE 503 0 2, 124 0 33, 499 190. 11 190. 12 19012 SELECT 0 0 0 0 0 0 0 190. 13 191. 19013 PERCINI AS 0 0 0 0 0 0 0 190. 13 192. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 6, 198 0 0 0 0 0 0 190. 13 192. 01 19201 WORKI NG WELL 0 0 0 0 0 0 0 0 190. 13 193. 00 19300 NONPAID WORKERS 0 0 0 0 0 0 0 0 193. 00 194. 01 07951 REHAB 17, 707 0 0 0 925, 073 194. 01 200. 00 201. 00 Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B, Part I) 203. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 NAHE adjustment amount to be allocated (per Wkst. B, Part II) 206. 00 NAHE adjustment amount to be allocated (per Wkst. B, Part II) 206. 00 NAHE unit cost multiplier (Wkst. D, VAHE unit cost multiplier (Wkst | | | 1.148 | o o | - | _ | | |
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| 190. 08 19008 FAMILY SERVICES 190. 09 19009 MDWI SE 0 0 0 0 0 0 0 190. 09 190. 10 19010 190. 10 19010 190. 11 19011 CENTER OF HOPE 503 0 2, 124 0 33, 499 190. 11 190. 12 19012 SELECT 0 0 0 0 0 0 0 0 190. 19 190. 19 190. 19 190. 19 19010 SELECT 0 0 0 0 0 0 0 0 0 190. 19 190. 19 190. 19 190. 19 19010 WORKI NAS 0 0 0 0 0 0 0 0 190. 19 190. 19 1900 PRIVATE OFFICES 6, 198 0 0 0 330, 998 0 192. 00 191. 191. 191. 191. 191. 191. 191. 191. | 190. 06 19006 | NEUROSURGERY PROF SERVICES | 0 | 0 | C | 0 | 0 | 190. 06 |
| 190. 09 19009 MDWI SE 190. 10 19010 CATHERI NE MCAULEY CLINIC 0 0 0 0 0 0 0 190. 09 190. 11 19011 CENTER OF HOPE 503 0 2, 124 0 33, 499 190. 11 190. 12 19012 SELECT 0 0 0 0 0 0 190. 10 190. 13 19013 PERCI NI AS 192. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 6, 198 0 0 0 192. 00 192. 19012 VOICE SELECT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 0 | 0 | C | 0 | | |
| 190. 10 19010 CATHERINE MCAULEY CLINIC O O O O 190. 10 190. 11 19011 CENTER OF HOPE 503 O 2, 124 O 33, 499 190. 12 19012 SELECT O O O O 190. 13 19013 PERCINI AS O O O O 190. 13 19013 PERCINI AS O O O 192. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 6, 198 O O 192. 01 19201 WORKI NG WELL O O O 193. 00 19300 NONPAID WORKERS O O O 194. 01 07951 REHAB T, 707 O O 200. 00 Cost fo be allocated (per Wkst. B, Part I) 203. 00 Unit cost multiplier (Wkst. B, Part II) 205. 00 NAHE adjustment amount to be allocated (per Wkst. B, 2) 207. 00 NAHE unit cost multiplier (Wkst. D, 207. 00 207. 00 NAHE unit cost multiplier (Wkst. D, 207. 00 208. 00 NAHE unit cost multiplier (Wkst. D, 207. 00 209. 01 O O O O 200. 02 O O O 200. 00 O O 200. 00 O O 200. 00 O O 200. 00 O O O 200. 00 O O 200. 00 O O 200. 0 | 1 | | 0 | 0 | C | 0 | | |
| 190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT 0 0 0 0 0 0 190. 12 190. 12 19013 PERCINI AS 192. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 192. 01 19201 WORKI NG WELL 193. 00 19300 NONPAI D WORKERS 194. 01 07951 REHAB 205. 00 Cross Foot Adjustments 206. 00 Cost to be all ocated (per Wkst. B, Part I) 207. 00 NAHE adjustment amount to be all ocated (per Wkst. B, Part II) 206. 00 NAHE adjustment amount to be all ocated (per Wkst. B, Part II) 207. 00 NAHE unit cost multiplier (Wkst. B, Part II) 207. 00 NAHE unit cost multiplier (Wkst. B, Part II) 207. 00 NAHE unit cost multiplier (Wkst. D, Part III) 207. 00 NAHE unit cost multiplier (Wkst. D, Part III) 207. 00 NAHE unit cost multiplier (Wkst. D, Part III) 207. 00 NAHE unit cost multiplier (Wkst. D, Part III) 207. 00 NAHE unit cost multiplier (Wkst. D, Part IIII) 207. 00 NAHE unit cost multiplier (Wkst. D, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | 0 | 0 | C | 0 | | |
| 190. 12 19012 SELECT | | | 0 | 0 | 2 124 | 0 | | |
| 190. 13 19013 PERCINIAS 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 192. 01 19201 WORKING WELL 0 0 0 221, 007 193. 00 19300 NONPAID WORKERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 503 | 0 | | | | |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES 6, 198 0 0 -330, 998 0 192.00 192.00 192.01 19201 WORKING WELL 0 0 0 221,007 0 411, 141 192.01 193.00 193.00 NONPAID WORKERS 0 0 0 0 0 0 193.00 193.00 193.00 Cross Foot Adjustments Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, Part I) 203.00 Unit cost multiplier (Wkst. B, Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 205.00 WAHE adjustment amount to be allocated (per Wkst. D, NAHE adjustment amount to be allocated (per Wkst. D, NAHE unit cost multiplier (Wkst. D, 207.00 NAHE unit cost multiplier (Wkst. D, | 1 | | 0 | 0 | - | _ | | |
| 192.01 19201 WORKING WELL 0 0 0 221,007 0 411,141 192.01 193.00 19300 NONPAID WORKERS 0 0 0 0 193.00 194.01 07951 REHAB 17,707 0 0 0 925,073 194.01 200.00 Negative Cost Centers Cost to be allocated (per Wkst. B, Part I) 203.00 Unit cost multiplier (Wkst. B, Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 206.00 NAHE adjustment amount to be allocated (per Wkst. D, NAHE unit cost multiplier (Wkst. D, NAHE unit cost multiplier (Wkst. D, 207.00 NAHE unit cost multiplier (Wkst. D, 221,007 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 6, 198 | l o | | | | |
| 194. 01 07951 REHAB 17, 707 0 0 0 925, 073 194. 01 200. 00 201. 00 201. 00 202. 00 Cost to be allocated (per Wkst. B, Part I) 52. 243373 2. 555936 0. 074104 0. 296710 203. 00 204. 00 Cost to be allocated (per Wkst. B, Part II) 0. 002329 0. 019946 205. 00 206. 00 NAHE adjustment amount to be allocated (per Wkst. D, NAHE unit cost multiplier (Wkst. D, NAHE unit cost multiplier | | | 0 | О | 221, 007 | 0 | 411, 141 | 192. 01 |
| 200.00 201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, Part I) 203.00 Unit cost multiplier (Wkst. B, Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 206.00 NAHE adjustment amount to be allocated (per Wkst. D, NAHE unit cost multiplier (Wkst. D, Cross Foot Adjustments 200.00 201.00 204.00 205.00 207.00 208, 165, 134 208, 165, 134 209.00 201.00 20 | 193. 00 19300 | NONPALD WORKERS | 0 | O | C | 0 | | |
| 201.00 202.00 Negative Cost Centers | | | 17, 707 | 0 | C | 0 | 925, 073 | 1 |
| 202.00 Cost to be allocated (per Wkst. B, Part I) 52.243373 5,972,035 5,244,615 48,901,850 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 52.243373 2.555936 0.074104 0.296710 203.00 204.00 Cost to be allocated (per Wkst. B, Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 0.002329 0.019946 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 207.00 | 1 | , | | | | | | |
| Part I) Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part II) NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, Part I) D. 0. 074104 D. 0. 074104 D. 0. 074104 D. 0. 096710 203.00 D. 0. 096710 203.00 D. 0. 002329 D. | | | 00 4/5 404 | F 070 00F | E 044 (4E | | 40 004 050 | |
| 203.00 Unit cost multiplier (Wkst. B, Part I) 52.243373 2.555936 0.074104 0.296710 203.00 (204.00 Cost to be allocated (per Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part II) 0.002329 0.0019946 (205.00 NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 207.00 NAHE unit cost mult | 202.00 | 1 | 28, 165, 134 | 5, 972, 035 | 5, 244, 615 | | 48, 901, 850 | 202.00 |
| 204.00 Cost to be allocated (per Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part II) 0.002329 0.019946 205.00 0.019946 205.00 0.002329 0.0019946 205.00 0.002329 0.0019946 206.00 0.002329 | 203 00 | | 52 243373 | 2 555936 | 0 074104 | | 0 296710 | 203 00 |
| Part II) Unit cost multiplier (Wkst. B, Part II) 205.00 NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 207.00 | | | 02.210070 | 2.000700 | | | | |
| 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, | | Part II) | | | | | | |
| (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207.00 | 205. 00 | | | | 0. 002329 | | 0. 019946 | 205. 00 |
| | 206. 00 | | | | | | | 206. 00 |
| | 207. 00 | · · · · · · · · · · · · · · · · · · · | | | | | | 207. 00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

Peri od: Worksheet B-1 From 01/01/2021 To 12/31/2021 Date/Ti me Prepared:

5/30/2022 8:09 pm Cost Center Description MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY LINEN SERVICE REPAIRS PLANT (SQUARE FEET) (MEALS SERVED) (SQUARE FEET) (SQUARE FEET) (POUNDS OF LAUNDRY) 7.00 6.00 9.00 10.00 8.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 1.00 1.00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4 00 5.05 00590 OTHER ADMINISTRATIVE AND GENERAL 5.05 00600 MAINTENANCE & REPAIRS 6.00 435, 167 6.00 00700 OPERATION OF PLANT 28, 493 406, 674 7.00 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 754 754 431, 814 8.00 9.00 00900 HOUSEKEEPI NG 11,001 11,001 C 394, 919 9.00 01000 DI ETARY 11, 490 11, 490 11, 490 102, 502 10.00 10.00 0 6, 670 6, 670 01100 CAFETERI A 6, 670 0 11 00 Λ 11.00 01300 NURSING ADMINISTRATION 13.00 7, 398 7, 398 0 7, 398 0 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 10,673 10, 673 10,673 14.00 6, 398 01500 PHARMACY 6, 398 0 6, 398 15.00 15.00 0 01600 MEDICAL RECORDS & LIBRARY 18, 953 18, 953 18, 953 0 16.00 0 16.00 17.00 01700 SOCIAL SERVICE 1, 124 1, 124 1, 124 17.00 02200 | &R SERVICES-OTHER PRGM COSTS APPRV 22.00 0 0 0 22.00 0 02300 PARAMED ED PRGM-(SPECIFY) 0 23 00 0 0 0 23 00 Ω 02301 PARAMED ED PRGM - LAB 4+1 02302 PARAMED ED PRGM - RADIOLOGY 23.01 0 0 0 0 23.01 0 0 0 0 23.02 23.02 C 02303 PARAMED ED PRGM - RESP THER 23.03 0 0 0 23.03 0 02304 PARAMED ED PRGM-PHARMACY 0 0 23 04 23 04 0 0 23.05 02305 PARAMED ED PRGM-EMT 4,716 4,716 0 4,716 0 23.05 02306 PARAMED ED PRGM - LAB 3+1 0 23.06 23.06 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 71, 522 71, 522 315, 563 71, 522 77,810 30.00 03100 INTENSIVE CARE UNIT 13, 184 13, 184 50, 183 12, 375 31.00 13, 184 31.00 02040 NEWBORN INTENSIVE CARE UNIT 35.00 6, 491 1,600 35.00 0 C 0 04000 SUBPROVI DER - I PF 40 00 0 0 40 00 C 0 04300 NURSERY 43.00 0 0 16, 113 0 0 43.00 04400 SKILLED NURSING FACILITY 0 0 44.00 C 0 44.00 45.00 04500 NURSING FACILITY 0 0 45.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 36, 588 36, 588 0 36, 588 0 50.00 05001 OPEN HEART SURGERY 0 50.01 0 50.01 50.02 05002 OUTPATIENT SURGERY 27.948 27. 948 0 27.948 50.02 0 0 05100 RECOVERY ROOM 51.00 0 0 0 51.00 53.00 05300 ANESTHESI OLOGY 0 53.00 0 54 00 05400 RADI OLOGY-DI AGNOSTI C 16, 909 16, 909 0 16, 909 0 54.00 05401 RADI OLOGY SPECIAL PROCEDURES 0 54.01 4.082 4.082 4.082 0 54.01 0 54.02 05402 ULTRASOUND 2.032 2, 032 2,032 0 54.02 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 55.00 55.01 05501 COMPUTED TOMOGRAPHY 2,079 2,079 2,079 55.01 0 05700 CT SCAN 57.00 0 C 0 0 57.00 0 58.00 05800 MRI 0 C 0 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 59.00 06000 LABORATORY 13,880 13,880 0 13, 880 60.00 60.00 0 06001 BLOOD LABORATORY 0 60.01 0 0 60.01 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 0 63.00 0 63.01 06301 NUCLEAR MEDICINE 2,748 2, 748 2, 748 0 63.01 0 06500 RESPIRATORY THERAPY 65.00 5.514 5. 514 5.514 0 65.00 66.00 06600 PHYSI CAL THERAPY 14, 266 14, 266 14, 266 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 1, 318 1, 318 0 1, 318 0 67.00 06800 SPEECH PATHOLOGY 4,084 68.00 4.084 4.084 68.00 06900 ELECTROCARDI OLOGY 2, 295 2, 295 0 2, 295 69.00 0 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 1,864 1,864 1,864 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 0 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 0 ol 72.00 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 0 C 0 0 73.00 76.00 03020 PAIN CLINIC 0 0 0 76.00 03950 ORTHOPEDI CS 76. 01 925 925 0 925 0 76.01 76 02 03140 CARDI OVASCULAR SERVI CES 8 144 8 144 8 144 0 76 02 03957 CARDIAC REHABILITATION 76.03 1,754 1, 754 1, 754 0 76.03 03190 RADIATION ONCOLOGY 18, 277 18, 277 18, 277 0 76.04 76.04 76.05 03951 MRI 4,002 4,002 4,002 0 76.05 76.06 03952 BARLATRIC CENTER 0 76.06 0 C 0 0 76.07 03550 PSYCH ACTIVITY THERAPY 0 0 0 76.07 0 03953 WOUND CARE 6,535 6, 535 6, 535 76.08 76.08 76.09 03954 RENAL DIALYSIS 12,621 12, 621 0 12, 621 0 76.09 0 76.10 03955 | NFUSI ON 664 664 664 0 76. 10 0 03956 CARE TRANSITION CENTER 0 76.11 76.11 03958 ANTI COAGULATION CLINIC 0 ol 76.12

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS | Peri od: | Worksheet B-1 | To 12/31/2021 | Date/Time Prepared: Provider CCN: 15-0004

| | | | To | 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|--|-------------------------------------|--------------|--|--------------------------------|--------------------------------|--------------------|
| Cost Center Description | MAINTENANCE & REPAIRS (SQUARE FEET) | PLANT | LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY) | HOUSEKEEPI NG (SQUARE FEET) | DI ETARY (MEALS SERVED) | |
| | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10.00 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | _ | 0 | | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 1 | 0 | - | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | | 0 | 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0 | | 0 | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 15 500 | 15 500 | 0 | 15 503 | - | 90. 03 |
| 91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 15, 593 | 15, 593 | 0 | 15, 593 | 0 | 91. 00 92. 00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS | | | | | | 92.00 |
| 99. 00 09900 CMHC | 1 | 0 | 0 | 0 | 0 | 99.00 |
| 99. 10 09910 CORF | | | - | 0 | 1 | |
| 101.00 10100 HOME HEALTH AGENCY | 11, 759 | | · - | 11, 759 | - | 101.00 |
| SPECIAL PURPOSE COST CENTERS | 11,737 | 11,757 | <u> </u> | 11, 737 | | 1101.00 |
| 113. 00 11300 NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 408, 257 | 379, 764 | 388, 350 | 368, 009 | 91, 785 | 1 |
| NONREI MBURSABLE COST CENTERS | 1, | | | 220, 221 | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 1, 354 | 1, 354 | 0 | 1, 354 | 0 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | O | 0 | 0 | 0 | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 190. 02 |
| 190.03 19003 MEDICAL ARTS BUILDING | 0 | 0 | 0 | 0 | 0 | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 1, 148 | 1, 148 | 0 | 1, 148 | 0 | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | 0 | 0 | 0 | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | 0 | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | 0 | 0 | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | 0 | 0 | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 0 | - | 0 | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | 1 ~1 | 0 | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 503 | 503 | 0 | 503 | | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | 6, 198 | 6, 198 | | 6, 198 | | 192.00 |
| 192. 01 19201 WORKI NG WELL 193. 00 19300 NONPAI D WORKERS | 0 | | 0 | 0 | | 192. 01 193. 00 |
| 193. 00 19300 NONPALD WORKERS 194. 01 07951 REHAB | 17 707 | 17 707 | 12 141 | 0 17 707 | - | |
| 200.00 Cross Foot Adjustments | 17, 707 | 17, 707 | 43, 464 | 17, 707 | 10, 717 | 200. 00 |
| 201.00 Negative Cost Centers | | | | | | 201.00 |
| 202.00 Cost to be allocated (per Wkst. B, | 2, 932, 389 | 13, 004, 315 | 1, 594, 501 | 4, 778, 202 | 2, 023, 002 | 1 |
| Part I) | | | | | | |
| 203.00 Unit cost multiplier (Wkst. B, Part I) | 6. 738537 | l . | | 12. 099195 | | 1 |
| 204.00 Cost to be allocated (per Wkst. B, Part II) | 2, 306, 513 | 1, 961, 009 | 138, 175 | 801, 224 | 807, 918 | 204.00 |
| 205.00 Unit cost multiplier (Wkst. B, Part | 5. 300294 | 4. 822066 | 0. 319987 | 2. 028831 | 7. 881973 | 205. 00 |
| 206.00 NAHE adjustment amount to be allocated | | | | | | 206. 00 |
| (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, | - | | | | | 207. 00 |
| Parts III and IV) | | | | | | 207.00 |

| | i Financiai Systems | | ALTH HAMMUND | | | u of form CMS- | |
|--|---|--|---|---|---|---|--|
| COST | ALLOCATION - STATISTICAL BASIS | | Provi der CC | F | eriod: from 01/01/2021 fo 12/31/2021 | Worksheet B-1 Date/Time Pre 5/30/2022 8:0 | pared: |
| | Cost Center Description | CAFETERIA (PROD HOURS) | NURSI NG ADMI NI STRATI ON (DI RECT NRS I NG) | CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.) | PHARMACY (COSTED REQ UIS) | MEDI CAL RECORDS & LI BRARY (GROSS CHAR GES) | У |
| | | 11.00 | 13. 00 | 14. 00 | 15. 00 | 16.00 | |
| 4 00 | GENERAL SERVICE COST CENTERS | | 1 | | I | | 1 00 |
| 1.00 2.00 4.00 5.05 6.00 7.00 8.00 9.00 11.00 13.00 14.00 15.00 16.00 22.00 23.00 23.01 23.02 23.03 23.04 23.05 23.06 | 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - RADIOLOGY 02301 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER 02305 PARAMED ED PRGM - RESP THER 02306 PARAMED ED PRGM - LAB 3+1 INPATIENT ROUTINE SERVICE COST CENTERS | 1, 058, 877 42, 007 5, 178 61, 645 1, 531 0 3, 224 1, 846 1, 611 9, 166 592 | 750, 156 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 100 0 0 0 0 0 0 0 0 | 100 0 0 0 0 0 0 0 0 0 | 665, 190, 875 0 0 0 0 0 0 0 0 0 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 |
| 30. 00 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS | 297, 244 56, 832 16, 289 30, 360 0 | 2 56, 832 7 16, 289 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 | 33, 731, 420 7, 775, 027 1, 222, 368 18, 087, 327 1, 699, 361 0 | 31. 00 35. 00 40. 00 |
| 50. 00 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 00 58. 00 59. 00 60. 01 63. 01 65. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 07 76. 08 76. 09 76. 10 76. 11 | 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDICI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY 03953 WOUND CARE | 23, 109 2, 112 4, 245 986 36, 682 10, 944 8, 466 6 13, 935 6 6 8, 858 8, 858 7 3, 314 6 73 331 6 6 73 331 70 12, 791 5, 789 6 3, 102 54, 641 | 0 2, 112 4, 245 0 0 10, 944 0 0 0 0 0 0 8, 858 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 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, 565, 165 2, 536, 585 6, 865, 313 9, 397, 883 6, 468, 927 8, 098, 463 | 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 00 58. 00 60. 00 60. 01 63. 01 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 09 76. 10 |

| Health Finar | icial Systems | FRANCISCAN HEA | ALIH HAMMOND | | In Lie | u of Form CMS- | 2552-10 |
|---------------|--|----------------|-------------------|----------------|---|----------------|---------|
| COST ALLOCA | TION - STATISTICAL BASIS | | Provi der Co | | Peri od: | Worksheet B-1 | |
| | | | | | rom 01/01/2021 | | |
| | | | | 1 | To 12/31/2021 | Date/Time Pre | pared: |
| | | | | | | 5/30/2022 8:0 | 9 pm |
| | Cost Center Description | CAFETERI A | NURSI NG | CENTRAL | PHARMACY | MEDI CAL | |
| | | (PROD HOURS) | ADMI NI STRATI ON | SERVICES & | (COSTED REQ | RECORDS & | |
| | | | | SUPPLY | UIS) | LI BRARY | |
| | | | (DI RECT NRS | (COSTED | , | (GROSS CHAR | |
| | | | I NG) | REQUIS.) | | GES) | |
| | | 11 00 | | | 15.00 | | |
| | T | 11.00 | 13.00 | 14. 00 | 15. 00 | 16. 00 | |
| | ANTI COAGULATION CLINIC | 6, 304 | 0 | (| 0 | 584, 758 | 76. 12 |
| | TIENT SERVICE COST CENTERS | | , | | | | |
| | RURAL HEALTH CLINIC | 0 | 0 | (| 0 | 0 | 88. 00 |
| 89.00 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 0 | 0 | 89. 00 |
| | CLINIC | 0 | 0 | (| ol ol | 0 | 90.00 |
| | OCC HEALTH CLINIC | 0 | ١ | | | 0 | |
| | | 0 | | | | _ | |
| | CARDI OLOGY CLINI C | 0 | 0 | (| | 0 | |
| | SPECIALTY CLINIC | 386 | | (| | 158 | |
| | EMERGENCY | 93, 574 | 93, 574 | (| 0 | 75, 294, 620 | 91.00 |
| 92.00 09200 | OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92.00 |
| | REI MBURSABLE COST CENTERS | | | • | | | 1 |
| 99. 00 09900 | | 0 | 0 | | 0 | 0 | 99. 00 |
| 99. 10 09910 | | 0 | 0 | | | 0 | 99. 10 |
| | | | - | | | 00 500 (55 | |
| | HOME HEALTH AGENCY | 152, 258 | 152, 258 | (| 0 | 20, 530, 655 | 1101.00 |
| | AL PURPOSE COST CENTERS | | | | | | 1 |
| 113. 00 11300 | I NTEREST EXPENSE | | | | | | 113. 00 |
| 118. 00 | SUBTOTALS (SUM OF LINES 1 through 117) | 1, 042, 601 | 749, 589 | 100 | 100 | 665, 190, 875 | 118. 00 |
| NONRE | I MBURSABLE COST CENTERS | | | | | | 1 |
| | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 1, 440 | 0 | (| 0 | 0 | 190. 00 |
| 190. 01 19001 | | 0 | 0 | | | | 190. 01 |
| | | | | | | | 190. 01 |
| | HOME MEDI CAL EQUI PMENT | 0 | 1 | | | | |
| | MEDICAL ARTS BUILDING | 0 | 0 | (| | | 190. 03 |
| | WOMEN'S HEALTH CENTER | 1, 805 | 0 | (| | | 190. 04 |
| 190. 05 19005 | DEVELOPMENT | 0 | 0 | (| 0 | 0 | 190. 05 |
| 190.06 19006 | NEUROSURGERY PROF SERVICES | 0 | 0 | (| ol ol | 0 | 190. 06 |
| | I MAGE RECOVERY | 0 | 0 | (| ol ol | 0 | 190. 07 |
| | FAMILY SERVICES | 0 | 1 | | | | 190. 08 |
| 190. 09 19009 | | 0 | 1 | | | | 190.00 |
| | | _ | 1 | | | | |
| | CATHERINE MCAULEY CLINIC | 0 | 1 | 1 | 1 | | 190. 10 |
| | CENTER OF HOPE | 323 | 323 | | | | 190. 11 |
| 190. 12 19012 | SELECT | 0 | 0 | (| 0 | 0 | 190. 12 |
| 190. 13 19013 | PERCI NI AS | 0 | l 0 | | ol ol | 0 | 190. 13 |
| | PHYSICIANS' PRIVATE OFFICES | 1, 196 | 0 | | | | 192. 00 |
| | WORKING WELL | 1, 170 | 0 | | | | 192. 01 |
| | | 0 | 0 | | | | |
| | NONPALD WORKERS | 0 | 0 | (| 0 | | 193. 00 |
| 194. 01 07951 | REHAB | 11, 512 | 244 | (| 0 | 0 | 194. 01 |
| 200.00 | Cross Foot Adjustments | | | | | | 200. 00 |
| 201. 00 | Negative Cost Centers | | | | | | 201. 00 |
| 202. 00 | Cost to be allocated (per Wkst. B, | 2, 584, 491 | 4, 946, 410 | 1, 320, 230 | 7, 237, 999 | 3, 521, 402 | 202 00 |
| 202.00 | Part I) | 2,001,171 | 1, 7.0, 1.0 | 1,020,200 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0,021,102 | 202.00 |
| 203. 00 | | 2. 440785 | / E02042 | 12 202 20000 | 72 270 000000 | 0.005304 | 202 00 |
| | Unit cost multiplier (Wkst. B, Part I) | | | | 72, 379. 990000 | 0.005294 | |
| 204. 00 | Cost to be allocated (per Wkst. B, | 465, 613 | 621, 805 | 798, 615 | 588, 666 | 1, 260, 564 | 204.00 |
| | Part II) | | | | | | |
| 205. 00 | Unit cost multiplier (Wkst. B, Part | 0. 439723 | 0. 828901 | 7, 561. 430000 | 5, 886. 660000 | 0. 001895 | 205.00 |
| | [11] | | | | | | |
| 206. 00 | NAHE adjustment amount to be allocated | | | | | | 206. 00 |
| | (per Wkst. B-2) | | | | | | |
| 207. 00 | NAHE unit cost multiplier (Wkst. D, | | | | | | 207. 00 |
| 2000 | Parts III and IV) | | | | | | |
| I | 1. a. co iii ana iv, | l . | 1 | I | 1 | | 1 |

| | ne Prepared: 12 8: 09 pm |
|--|--|
| Cost Center Description | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 |
| GENERAL SERVICE COST CENTERS 1. 00 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 |
| 2. 00 | 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 10. 00 11. 00 13. 00 14. 00 15. 00 |
| 10. 00 | 10. 00 17. 00 22. 00 23. 00 23. 01 100 23. 02 23. 03 23. 04 23. 05 23. 06 |
| INPATIENT ROUTINE SERVICE COST CENTERS 33, 731, 420 0 0 0 0 | 0 30.00 |
| 31. 00 03100 I NTENSI VE CARE UNI T 7, 775, 027 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 31.00 0 35.00 |
| 40. 00 04000 SUBPROVI DER - I PF 18, 087, 327 0 0 | 0 40.00 |
| 43. 00 04300 NURSERY | 0 43.00 |
| 44.00 04400 SKILLED NURSING FACILITY | 0 44.00 0 45.00 |
| ANCILLARY SERVICE COST CENTERS | |
| 50. 00 05000 0PERATI NG ROOM | 0 50.00 0 50.01 |
| 50. 02 05002 0UTPATI ENT SURGERY | 0 50.02 |
| 51. 00 05100 RECOVERY ROOM 2, 536, 585 0 0 0 | 0 51.00 |
| 53. 00 05300 ANESTHESI OLOGY 6, 865, 313 0 0 0 0 0 0 0 0 0 | 0 53.00 95 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 6, 468, 927 0 0 | 2 54.01 |
| 54. 02 05402 ULTRASOUND 8, 098, 463 0 0 0 | 1 54.02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 55. 01 05501 COMPUTED TOMOGRAPHY 35, 311, 683 0 0 0 0 | 0 55.00 2 55.01 |
| 57. 00 05700 CT SCAN 0 0 0 | 0 57.00 |
| 58. 00 05800 MRI 0 0 0 | 0 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON 9, 754, 165 0 0 0 0 0 60. 00 06000 LABORATORY 50, 715, 608 0 0 82 | 0 59.00 0 60.00 |
| 60. 01 06001 BLOOD LABORATORY 0 0 0 | 0 60.01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 973, 030 0 0 16 | 0 63.00 |
| 63. 01 06301 NUCLEAR MEDI CI NE 2, 207, 747 0 0 2 | 0 63. 01 0 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 66.00 |
| 67. 00 06700 0CCUPATI ONAL THERAPY 3, 458, 836 0 0 0 0 | 0 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 68.00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 | 0 70.00 |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 15, 638, 701 0 0 0 0 0 0 0 0 0 | 0 71.00 |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 3, 017, 207 0 0 0 0 0 0 0 0 0 | 0 72.00 0 73.00 |
| 76.00 03020 PAIN CLINIC 0 0 0 | 0 76.00 |
| 76. 01 03950 0RTHOPEDI CS | 0 76. 01 0 76. 02 |
| 76. 02 03140 CARDI OVASCULAR SERVICES 15, 337 0 0 0 0 0 0 0 0 0 | 0 76.02 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 4, 946 0 0 0 | 0 76.04 |
| 76. 05 03951 MRI 6, 006, 573 0 0 0 0 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 0 0 0 | 0 76.05 0 76.06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 | 0 76.07 |
| 76. 08 03953 WOUND CARE | 0 76.08 |
| 76. 09 03954 RENAL DI ALYSIS 1, 602, 535 0 0 0 | 0 76.09 |

| Health Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|--|-----------------|-----------------|----------------|----------------|-----------------|---------|
| COST ALLOCATION - STATISTICAL BASIS | | Provi der Co | CN: 15-0004 Pe | eri od: | Worksheet B-1 | |
| | | | | rom 01/01/2021 | | |
| | | | To | 0 12/31/2021 | Date/Time Pre | |
| | | LATERNIC 0 | | | 5/30/2022 8:0 | 9 pm |
| | | INTERNS & | | | | |
| | COOLAL CEDVILOE | RESI DENTS | DADAMED ED | DADAMED ED | DADAMED ED | |
| Cost Center Description | SOCIAL SERVICE | | | PARAMED ED | PARAMED ED | |
| | / | PRGM COSTS | | PRGM - LAB 4+1 | PRGM - | |
| | (GROSS CHAR | APPRV | (ASSI GNED | , | RADI OLOGY | |
| | GES) | (ASSI GNED | TIME) | (ASSI GNED | (ASSI GNED | |
| | | TIME) | | TIME) | TIME) | |
| | 17. 00 | 22. 00 | 23. 00 | 23. 01 | 23. 02 | |
| 76. 10 03955 I NFUSI ON | 21, 183, 085 | 0 | - | 0 | 0 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | 0 | 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATION CLINIC | 584, 758 | 0 | 0 | 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | o | 0 | 90. 00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | 0 | ol | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0 | 0 | 0 | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 158 | n | o o | 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 75, 294, 620 | 100 | Ŏ | 0 | 0 | 91.00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 73, 274, 020 | 100 | O | ď | U | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | 92.00 |
| | | | 0 | ol | 0 | 00 00 |
| 99. 00 09900 CMHC | 0 | 0 | 0 | - | 0 | |
| 99. 10 09910 CORF | 0 500 (50 | 0 | | 0 | 0 | 99. 10 |
| 101. 00 10100 HOME HEALTH AGENCY | 20, 530, 655 | 0 | 0 | 0 | 0 | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 665, 190, 875 | 100 | 0 | 100 | 100 | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | 0 | 0 | 0 | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | 0 | o | 0 | 190. 02 |
| 190.03 19003 MEDICAL ARTS BUILDING | 0 | 0 | 0 | o | 0 | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 0 | 0 | 0 | ol | 0 | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | 0 | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | n | 0 | 0 | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | n | Ŏ | 0 | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | 0 | 0 | | 190. 07 |
| 190. 09 19009 MDWI SE | 0 | 0 | 0 | 0 | | 190. 08 |
| | 0 | 0 | 0 | 0 | | |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | 0 | U | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 0 | 0 | O ₁ | | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES | 0 | 0 | 0 | 0 | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 0 | 0 | 0 | 0 | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | 0 | 0 | 0 | 193. 00 |
| 194. 01 07951 REHAB | 0 | 0 | 0 | 0 | 0 | 194. 01 |
| 200.00 Cross Foot Adjustments | | | | | | 200. 00 |
| 201.00 Negative Cost Centers | | | | | | 201. 00 |
| 202.00 Cost to be allocated (per Wkst. B, | 133, 260 | 1, 050, 876 | 0 | 274, 839 | 123, 990 | |
| Part I) | | .,, | | , | , | |
| 203.00 Unit cost multiplier (Wkst. B, Part I) | 0. 000200 | 10, 508. 760000 | 0. 000000 | 2, 748. 390000 | 1, 239. 900000 | 203 00 |
| 204.00 Cost to be allocated (per Wkst. B, | 73, 551 | 17, 665 | | 6, 440 | | 204. 00 |
| Part II) | 73,331 | 17,003 | O O | 0, 440 | 2, 190 | 204.00 |
| 205.00 Unit cost multiplier (Wkst. B, Part | 0. 000111 | 176. 650000 | 0. 000000 | 64. 400000 | 27. 900000 | 205 00 |
| | 0.000111 | 170.000000 | 0.000000 | 04. 400000 | Z1. 900000 | 200.00 |
| NAME adjustment amount to be allocated | | | _ | _ | ^ | 206 00 |
| 206.00 NAHE adjustment amount to be allocated | | | 0 | 0 | 0 | 206. 00 |
| (per Wkst. B-2) | | | 0. 000000 | 0. 000000 | 0 000000 | 207.00 |
| 207.00 NAHE unit cost multiplier (Wkst. D, | | | 0.000000 | 0.000000 | 0. 000000 | 207.00 |
| Parts III and IV) | 1 | I | 1 | ı I | | I |
| | | | | | | |

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2021 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Cost Center Description PARAMED ED PARAMED ED PARAMED ED PARAMED ED PRGM-PHARMACY PRGM - RESP PRGM-EMT PRGM - LAB 3+1 THER (ASSI GNED (ASSI GNED (ASSI GNED (ASSLGNED TIME) TIME) TIME) TIME) 23.04 23.03 23.05 23.06 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 00590 OTHER ADMINISTRATIVE AND GENERAL 5.05 5.05 00600 MAINTENANCE & REPAIRS 6.00 6.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10 00 10 00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15 00 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 22 00 22 00 23.00 02300 PARAMED ED PRGM-(SPECIFY) 23.00 02301 PARAMED ED PRGM - LAB 4+1 23.01 23.01 02302 PARAMED ED PRGM - RADIOLOGY 23. 02 23.02 02303 PARAMED ED PRGM - RESP THER 23 03 100 23 03 23.04 02304 PARAMED ED PRGM-PHARMACY 100 23.04 02305 PARAMED ED PRGM-EMT 100 23.05 23.05 23.06 02306 PARAMED ED PRGM - LAB 3+1 100 23.06 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 30.00 0 0 03100 INTENSIVE CARE UNIT 0000 0 0 31.00 0 31.00 0 02040 NEWBORN INTENSIVE CARE UNIT 0 35.00 0 35.00 04000 SUBPROVIDER - IPF 0 40.00 0 40.00 43.00 04300 NURSERY 0 0 0 43.00 04400 SKILLED NURSING FACILITY 0 0 44 00 44.00 0 45.00 04500 NURSING FACILITY 0 0 0 45.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 0 05001 OPEN HEART SURGERY 0 50. 01 000000000000000 0 0 0 50.01 05002 OUTPATIENT SURGERY 0 50.02 0 50.02 05100 RECOVERY ROOM 51.00 0 51.00 53.00 05300 ANESTHESI OLOGY 0 0 0 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 0 0 54.00 54.00 0 05401 RADI OLOGY SPECIAL PROCEDURES 0 54.01 54.01 54.02 05402 ULTRASOUND 0 0 0 0 0 0 0 0 0 54.02 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 05501 COMPUTED TOMOGRAPHY 0 0 55.01 55.01 05700 CT SCAN 57.00 0 57.00 58.00 05800 MRI 58.00 05900 CARDIAC CATHETERIZATION 0 59.00 0 59.00 0 06000 LABORATORY 0 60.00 60.00 60.01 06001 BLOOD LABORATORY 0 60.01 0 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 0 0 0 0 0 0 63.00 0 63.00 06301 NUCLEAR MEDICINE 0 0 63.01 63.01 0 65.00 06500 RESPIRATORY THERAPY 100 0 65.00 0 66.00 06600 PHYSI CAL THERAPY 0 66.00 00000000000000000000 06700 OCCUPATIONAL THERAPY 67.00 67.00 0 68 00 06800 SPEECH PATHOLOGY 0 68 00 06900 ELECTROCARDI OLOGY 0 69.00 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72 00 C 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 100 73.00 03020 PAIN CLINIC 0 76.00 C 0 0 0 0 0 0 0 0 76.00 76.01 03950 ORTHOPEDI CS 0 0 76.01 76.02 03140 CARDI OVASCULAR SERVI CES 0 Ω 76.02 0 76.03 03957 CARDIAC REHABILITATION 0 76.03 03190 RADIATION ONCOLOGY 76.04 76.04 76.05 03951 MRI 0 0 76.05 76.06 03952 BARLATRIC CENTER 0 0 76.06 03550 PSYCH ACTIVITY THERAPY 76.07 76.07 76.08 03953 WOUND CARE 0 0 76.08 0 03954 RENAL DIALYSIS 76.09 0 76.09 76. 10 03955 I NFUSI ON 0 76.10 03956 CARE TRANSITION CENTER 76.11

| Hearth Financial Systems | FRANCI SCAN HEA | | | In Lie | U OI FOI III CWS-2552- | 10 |
|--|-----------------|---------------|----------------|----------------|------------------------|-----|
| COST ALLOCATION - STATISTICAL BASIS | | Provi der CO | CN: 15-0004 F | eri od: | Worksheet B-1 | |
| | | | | rom 01/01/2021 | | |
| | | | 1 | o 12/31/2021 | Date/Time Prepared | i: |
| | | | | | 5/30/2022 8:09 pm | _ |
| Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | | |
| | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | PRGM - LAB 3+1 | | |
| | THER | (ASSI GNED | (ASSI GNED | | | |
| | (ASSI GNED | TIME) | TIME) | (ASSI GNED | | |
| | TIME) | | | TIME) | | |
| | 23. 03 | 23. 04 | 23. 05 | 23. 06 | | |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 23.03 | | | | 76. 1 | 12 |
| OUTPATIENT SERVICE COST CENTERS | U | U | |) U | 76. 1 | 12 |
| | | | | | 00.0 | 20 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | · · | | | 88. 0 | |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | | 89.0 | |
| 90. 00 09000 CLI NI C | 0 | 0 | (| 0 | 90.0 |)0 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | (| 0 | 90.0 |)1 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0 | 0 | 1 (| 0 | 90.0 |)2 |
| 90. 03 09003 SPECIALTY CLINIC | 0 | l n | | 0 | 90. 0 | |
| 91. 00 09100 EMERGENCY | 0 | 0 | 100 | , | 91. 0 | |
| | U | 0 | 100 | 100 | | |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | L | L | | 92. 0 | JU |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 99. 00 09900 CMHC | 0 | 0 | | | 99. 0 | |
| 99. 10 09910 CORF | 0 | 0 | (| 0 | 99. 1 | 10 |
| 101.00 10100 HOME HEALTH AGENCY | 0 | 0 | 1 | 0 | 101. 0 | 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 113. 00 11300 NTEREST EXPENSE | | | | | 113. 0 | 20 |
| | 100 | 100 | 100 | 100 | 118.0 | |
| 1 | 100 | 100 | 100 | 100 | 110.0 | JU |
| NONREI MBURSABLE COST CENTERS | | | | | 100 | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 1 | | | 190. C | |
| 190. 01 19001 CONVENT | 0 | 0 | (| 0 | 190. C |)1 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | (| 0 | 190. 0 |)2 |
| 190.03 19003 MEDICAL ARTS BUILDING | 0 | 0 | 1 0 | 0 | 190. 0 |)3 |
| 190. 04 19004 WOMEN'S HEALTH CENTER | 0 | n | ď | | 190. 0 | |
| 190. 05 19005 DEVELOPMENT | 0 | ٥ | | 1 | 190. 0 | |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | | | 190.0 | |
| | 0 | 0 | | | | |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | C | | 190. C | |
| 190.08 19008 FAMILY SERVICES | 0 | 0 | (| | 190. C | |
| 190. 09 19009 MDWI SE | 0 | 0 | (| 0 | 190. 0 |)9 |
| 190.10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | (| 0 | 190. 1 | 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 0 | 1 (| 0 | 190. 1 | 11 |
| 190. 12 19012 SELECT | 0 | i n | ĺ | 0 | 190. 1 | |
| 190. 13 19013 PERCI NI AS | 0 | 0 | | - | 190. 1 | |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES | 0 | 0 | | - | 190. 1 | |
| | 0 | 0 | | | | |
| 192.01 19201 WORKING WELL | 0 | 0 | C | | 192. 0 | |
| 193.00 19300 NONPALD WORKERS | 0 | 0 | (| 0 | 193. C | |
| 194. 01 07951 REHAB | 0 | 0 | (| 0 | 194. 0 |)1 |
| 200.00 Cross Foot Adjustments | | | | | 200. 0 | 00 |
| 201.00 Negative Cost Centers | | | | | 201. 0 | 00 |
| 202.00 Cost to be allocated (per Wkst. B, | 118, 128 | 659, 402 | 584, 901 | 95, 647 | 202. 0 | |
| Part I) | 110, 120 | 037, 402 | 304, 701 | 75, 047 | 202. | ,0 |
| | 1 101 200000 | / E04 020000 | 5, 849. 010000 | 956. 470000 | 203. 0 | 20 |
| | 1, 181. 280000 | | | | | |
| 204.00 Cost to be allocated (per Wkst. B, | 2, 612 | 14, 873 | 309, 671 | 1, 631 | 204. 0 | JO |
| Part II) | | | | | | |
| 205.00 Unit cost multiplier (Wkst. B, Part | 26. 120000 | 148. 730000 | 3, 096. 710000 | 16. 310000 | 205. C |)() |
| | | | | | | |
| 206.00 NAHE adjustment amount to be allocated | 0 | 0 | (| 0 | 206. 0 | 00 |
| (per Wkst. B-2) | | | | | | |
| 207.00 NAHE unit cost multiplier (Wkst. D, | 0. 000000 | 0. 000000 | 0. 000000 | 0. 000000 | 207. 0 | 00 |
| Parts III and IV) | | | | | -371.5 | |
| | ' | ' | ' | ' | 1 | |
| | | | | | | |

Provider CCN: 15-0004

| | | | | | 1 | 0 12/31/2021 | Date/lime Prep 5/30/2022 8:09 | |
|------------------|--------|--|--------------------------------|---------------|-----------------------------|-----------------|------------------------------------|------------------|
| | | | | Title | XVIII | Hospi tal | PPS | |
| | | | T | | T | Costs | T. I. O. I. | |
| | | Cost Center Description | Total Cost | Therapy Limit | Total Costs | RCE | Total Costs | |
| | | | (from Wkst. B, Part I, col. | Adj . | | Di sal I owance | | |
| | | | 26) | | | | | |
| | | | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| | | IENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 1 | ADULTS & PEDIATRICS | 40, 158, 902 | | 40, 158, 902 | | 40, 161, 385 | |
| 31. 00 | | INTENSIVE CARE UNIT | 7, 987, 970 | | 7, 987, 970 | | 7, 987, 970 | |
| 35. 00 | | NEWBORN INTENSIVE CARE UNIT SUBPROVIDER - IPF | 2, 249, 121 | | 2, 249, 121 | 0 | 2, 249, 121 | 35. 00 |
| 40. 00 43. 00 | | NURSERY | 12, 347, 605 2, 167, 841 | | 12, 347, 605 2, 167, 841 | 0 | 12, 347, 605 2, 167, 841 | 40. 00 43. 00 |
| 44. 00 | | SKILLED NURSING FACILITY | 2, 107, 041 | | 2, 107, 041 | o | 2, 107, 041 | 44. 00 |
| 45. 00 | | NURSING FACILITY | 0 | | Ö | o | 0 | 45. 00 |
| | ANCI L | LARY SERVICE COST CENTERS | | | | | | |
| 50.00 | | OPERATING ROOM | 6, 848, 654 | | 6, 848, 654 | 0 | 6, 848, 654 | 50. 00 |
| 50. 01 | | OPEN HEART SURGERY | 0 | l | 0 | 0 | 0 | 50. 01 |
| 50. 02 | | OUTPATIENT SURGERY | 3, 909, 250 | l e | 3, 909, 250 | 0 | 3, 909, 250 | |
| 51. 00 53. 00 | | RECOVERY ROOM ANESTHESI OLOGY | 501, 120 4, 890, 525 | | 501, 120 4, 890, 525 | 0 | 501, 120 4, 890, 525 | 51. 00 53. 00 |
| 54. 00 | 1 | RADI OLOGY-DI AGNOSTI C | 5, 082, 956 | | 5, 082, 956 | 0 | 5, 082, 956 | |
| 54. 01 | | RADI OLOGY SPECIAL PROCEDURES | 1, 448, 018 | l | 1, 448, 018 | Ö | 1, 448, 018 | |
| 54. 02 | | ULTRASOUND | 1, 200, 162 | l | 1, 200, 162 | o | 1, 200, 162 | |
| 55.00 | 05500 | RADI OLOGY-THERAPEUTI C | 0 | | 0 | o | 0 | 55.00 |
| 55. 01 | | COMPUTED TOMOGRAPHY | 2, 294, 582 | | 2, 294, 582 | 0 | 2, 294, 582 | |
| 57. 00 | 1 | CT SCAN | 0 | | 0 | 0 | 0 | 57. 00 |
| 58. 00 | 05800 | | 0 | | 0 | 0 | 0 | 58. 00 |
| 59.00 | | CARDI AC CATHETERI ZATI ON | 1, 054, 409 | | 1, 054, 409 | 0 | 1, 054, 409 | 59. 00 |
| 60. 00 60. 01 | 1 | LABORATORY BLOOD LABORATORY | 9, 693, 538 | | 9, 693, 538 | 1, 258 0 | 9, 694, 796 0 | 60. 00 60. 01 |
| 63. 00 | | BLOOD STORING, PROCESSING & TRANS. | 49, 373 | | 49, 373 | 0 | 49, 373 | 63. 00 |
| 63. 01 | | NUCLEAR MEDICINE | 719, 132 | ł | 719, 132 | Ö | 719, 132 | |
| 65. 00 | 1 | RESPI RATORY THERAPY | 4, 035, 164 | ł | | o | 4, 035, 164 | |
| 66.00 | | PHYSI CAL THERAPY | 4, 361, 300 | ł | | 1, 627 | 4, 362, 927 | 66. 00 |
| 67. 00 | 06700 | OCCUPATI ONAL THERAPY | 921, 926 | 0 | 921, 926 | 0 | 921, 926 | 67.00 |
| 68. 00 | | SPEECH PATHOLOGY | 899, 416 | ł | 899, 416 | 0 | 899, 416 | 68. 00 |
| 69. 00 | | ELECTROCARDI OLOGY | 305, 640 | | 305, 640 | 0 | 305, 640 | |
| 70.00 | | ELECTROENCEPHALOGRAPHY | 229, 739 | ł | 229, 739 | 0 | 229, 739 | 70.00 |
| 71. 00 72. 00 | | MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS | 10, 046, 467 1, 927, 437 | l e | 10, 046, 467 1, 927, 437 | 0 | 10, 046, 467 | 71. 00 72. 00 |
| 73. 00 | | DRUGS CHARGED TO PATIENTS | 40, 062, 514 | l e | 40, 062, 514 | 0 | 1, 927, 437 40, 062, 514 | 73. 00 |
| 76. 00 | | PAIN CLINIC | 0,002,314 | | 0,002,314 | Ö | 10, 002, 314 | 76.00 |
| 76. 01 | | ORTHOPEDI CS | 110, 092 | | 110, 092 | o | 110, 092 | 76. 01 |
| 76. 02 | 03140 | CARDI OVASCULAR SERVI CES | 2, 568, 533 | | 2, 568, 533 | o | 2, 568, 533 | 76. 02 |
| 76. 03 | | CARDI AC REHABI LI TATI ON | 1, 612, 345 | | 1, 612, 345 | 0 | 1, 612, 345 | |
| 76. 04 | | RADIATION ONCOLOGY | 2, 201, 407 | l | 2, 201, 407 | 0 | 2, 201, 407 | |
| 76. 05 | 03951 | • | 750, 223 | | 750, 223 | 0 | 750, 223 | |
| 76. 06 76. 07 | | BARIATRIC CENTER PSYCH ACTIVITY THERAPY | 0 | | 0 | 0 | 0 | 76. 06 76. 07 |
| | | WOUND CARE | 1, 577, 302 | | 1, 577, 302 | | 1, 577, 392 | |
| | | RENAL DIALYSIS | 2, 281, 315 | | 2, 281, 315 | , o | 2, 281, 315 | |
| 76. 10 | | I NFUSI ON | 4, 379, 960 | | 4, 379, 960 | 569 | 4, 380, 529 | |
| 76. 11 | 03956 | CARE TRANSITION CENTER | 0 | | 0 | o | 0 | 76. 11 |
| 76. 12 | | ANTICOAGULATION CLINIC | 571, 306 | | 571, 306 | 0 | 571, 306 | 76. 12 |
| | | TIENT SERVICE COST CENTERS | _ | | _ | _1 | _ | |
| 88. 00 | | RURAL HEALTH CLINIC | 0 | | 0 | 0 | 0 | 88. 00 |
| 89. 00 90. 00 | 1 | FEDERALLY QUALIFIED HEALTH CENTER CLINIC | 0 | | 0 | 0 | 0 | 89. 00 90. 00 |
| 90. 00 | | OCC HEALTH CLINIC | 435, 768 | | 435, 768 | 0 | 435, 768 | |
| 90. 02 | | CARDI OLOGY CLINI C | 1 435, 700 | | 1 433, 700 | o o | 433, 760 | |
| 90. 03 | 1 | SPECIALTY CLINIC | 47, 317 | | 47, 317 | o | 47, 317 | |
| 91.00 | | EMERGENCY | 12, 209, 877 | | 12, 209, 877 | o | 12, 209, 877 | |
| 92.00 | | OBSERVATION BEDS (NON-DISTINCT PART | 9, 939, 430 | | 9, 939, 430 | | 9, 939, 430 | 92. 00 |
| | | REI MBURSABLE COST CENTERS | | | 1 | | | |
| 99. 00 | 09900 | | 0 | l | 0 | | 0 | |
| 99. 10 | | | 0 | l | 0 | | 14 344 013 | |
| 101.00 | | HOME HEALTH AGENCY AL PURPOSE COST CENTERS | 14, 344, 012 | | 14, 344, 012 | | 14, 344, 012 | 101.00 |
| 113.00 | | INTEREST EXPENSE | | | | T | | 113. 00 |
| 200.00 | | Subtotal (see instructions) | 218, 421, 648 | О | 218, 421, 648 | 6, 027 | 218, 427, 675 | |
| 201.00 |) | Less Observation Beds | 9, 939, 430 | | 9, 939, 430 | | 9, 939, 430 | 201. 00 |
| 202.00 |) | Total (see instructions) | 208, 482, 218 | 0 | 208, 482, 218 | 6, 027 | 208, 488, 245 | 202. 00 |
| | | | | | | | | |

| Heal th Finar | cial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS- | 2552-10 |
|--------------------|--|-----------------------------|------------------------------|----------------------------|---|---|--------------------|
| COMPUTATI ON | OF RATIO OF COSTS TO CHARGES | | Provi der C | | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Pre 5/30/2022 8:0 | epared: |
| | | | | xVIII | Hospi tal | PPS | , , piii |
| | Cost Center Description | I npati ent | Charges Outpati ent | Total (col. 6 + col. 7) | Cost or Other Ratio | TEFRA I npati ent Rati o | |
| LAIDAT | LENT POLITIME CERVI OF COCT OFNITERS | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10. 00 | |
| | I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS | 24, 252, 665 | | 24, 252, 66 | 5 | | 30.00 |
| | INTENSIVE CARE UNIT | 7, 775, 027 | | 7, 775, 02 | | | 31.00 |
| | NEWBORN INTENSIVE CARE UNIT | 1, 222, 368 | | 1, 222, 36 | | | 35. 00 |
| | SUBPROVIDER - IPF | 18, 087, 327 | | 18, 087, 32 | | • | 40.00 |
| | NURSERY | 1, 699, 361 | | 1, 699, 36 | 1 | | 43.00 |
| | SKILLED NURSING FACILITY | 0 | | 1 | 0 | | 44. 00 |
| | NURSING FACILITY | 0 | | | 0 | | 45. 00 |
| | LARY SERVICE COST CENTERS OPERATING ROOM | 6, 088, 381 | 13, 011, 982 | 19, 100, 36 | 3 0. 358561 | 0. 000000 | 50.00 |
| | OPEN HEART SURGERY | 0,000,301 | 13,011, 702 | 1 | 0. 000000 | 0. 000000 | |
| | OUTPATIENT SURGERY | 1, 159, 560 | 405, 605 | | | 0. 000000 | 1 |
| 51.00 05100 | RECOVERY ROOM | 626, 269 | 1, 910, 316 | 2, 536, 58 | 5 0. 197557 | 0. 000000 | 51.00 |
| | ANESTHESI OLOGY | 2, 583, 580 | 4, 281, 733 | | | 0. 000000 | |
| | RADI OLOGY - DI AGNOSTI C | 2, 296, 594 | 7, 101, 289 | | | 0.000000 | |
| | RADIOLOGY SPECIAL PROCEDURES ULTRASOUND | 2, 979, 990 | | | | 0. 000000 0. 000000 | |
| | RADI OLOGY-THERAPEUTI C | 2, 315, 966 | 5, 782, 497 | 8, 098, 46 | 0. 148196 | 0. 000000 | |
| | COMPUTED TOMOGRAPHY | 9, 165, 248 | 26, 146, 435 | 35, 311, 68 | | 0. 000000 | |
| | CT SCAN | 0 | 20, 110, 100 | 00,011,00 | 0. 000000 | 0. 000000 | |
| 58.00 05800 | | 0 | C | | 0. 000000 | 0. 000000 | 1 |
| | CARDI AC CATHETERI ZATI ON | 7, 108, 809 | 2, 645, 356 | | | 0. 000000 | |
| | LABORATORY | 21, 378, 684 | 29, 336, 924 | 1 | | 0. 000000 | |
| | BLOOD LABORATORY | 0 | 270 770 | 1 | 0.000000 | 0.000000 | |
| | BLOOD STORING, PROCESSING & TRANS. NUCLEAR MEDICINE | 594, 251 764, 252 | 378, 779 1, 443, 495 | | | 0. 000000 0. 000000 | |
| | RESPIRATORY THERAPY | 6, 779, 349 | 836, 981 | | | 0. 000000 | |
| | PHYSI CAL THERAPY | 2, 921, 011 | 1, 677, 369 | 1 | | 0. 000000 | 1 |
| | OCCUPATI ONAL THERAPY | 2, 715, 625 | 743, 211 | | | 0. 000000 | |
| 68.00 06800 | SPEECH PATHOLOGY | 1, 118, 817 | 305, 353 | 1, 424, 17 | 0. 631537 | 0. 000000 | 68. 00 |
| | ELECTROCARDI OLOGY | 4, 486, 549 | 5, 813, 876 | 10, 300, 42 | | 0. 000000 | |
| | ELECTROENCEPHALOGRAPHY | 0 | C | | 0.000000 | 0. 000000 | |
| | MEDICAL SUPPLIES CHARGED TO PATIENT | 8, 192, 905 | 7, 445, 796 | | | 0.000000 | |
| | IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS | 1, 910, 075 16, 391, 583 | 1, 107, 132 258, 542, 541 | | | 0. 000000 0. 000000 | |
| 1 | PAIN CLINIC | 10, 371, 303 | 230, 342, 341 | 1 | 0. 000000 | 0. 000000 | |
| 1 | ORTHOPEDI CS | l o | Ċ | 1 | 0. 000000 | 0. 000000 | |
| 76. 02 03140 | CARDI OVASCULAR SERVI CES | 1, 468 | 13, 869 | 15, 33 | 7 167. 472974 | 0. 000000 | 76. 02 |
| 1 | CARDIAC REHABILITATION | 346, 534 | 1, 756, 546 | | | 0. 000000 | |
| | RADIATION ONCOLOGY | 3, 822 | 1, 124 | | | 0.000000 | |
| 76. 05 03951 | | 1, 616, 347 | 4, 390, 226 | 1 | | 0.000000 | |
| | BARIATRIC CENTER PSYCH ACTIVITY THERAPY | | | 1 | 0.000000 0.000000 | 0. 000000 0. 000000 | |
| | WOUND CARE | 642 | 1, 365, 878 | | | 0. 000000 | |
| | RENAL DIALYSIS | 1, 406, 930 | | | | 0. 000000 | |
| 76. 10 03955 | I NFUSI ON | 5, 140 | 21, 177, 945 | 21, 183, 08 | 5 0. 206767 | 0. 000000 | 76. 10 |
| | CARE TRANSITION CENTER | 0 | C | | 0. 000000 | 0. 000000 | |
| | ANTI COAGULATION CLINIC | 157 | 584, 601 | 584, 75 | 8 0. 976996 | 0. 000000 | 76. 12 |
| | TIENT SERVICE COST CENTERS | | | ı | | | 00 00 |
| | RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER | 0 | C | | | | 88. 00 89. 00 |
| | CLINIC | | ď | | 0. 000000 | 0. 000000 | 1 |
| | OCC HEALTH CLINIC | | C | | 0. 000000 | 0. 000000 | |
| | CARDIOLOGY CLINIC | 0 | C | | 0. 000000 | 0. 000000 | 1 |
| | SPECIALTY CLINIC | 0 | 158 | | | 0. 000000 | |
| | EMERGENCY | 14, 254, 475 | | | | 0.000000 | 1 |
| | OBSERVATION BEDS (NON-DISTINCT PART | 0 | 9, 478, 755 | 9, 478, 75 | 5 1. 048601 | 0. 000000 | 92. 00 |
| 99. 00 09900 | REIMBURSABLE COST CENTERS | 0 | C | | 0 | | 99. 00 |
| 99. 10 09910 | | 0 | ď | | o l | | 99. 10 |
| 1 | HOME HEALTH AGENCY | Ö | 20, 530, 655 | 20, 530, 65 | 5 | | 101.00 |
| SPECI | AL PURPOSE COST CENTERS | | | | | | |
| | INTEREST EXPENSE | | | | | | 113. 00 |
| 200.00 | Subtotal (see instructions) | 172, 249, 761 | 492, 941, 114 | 665, 190, 87 | 5 | | 200.00 |
| 201. 00 202. 00 | Less Observation Beds Total (see instructions) | 172, 249, 761 | 492, 941, 114 | 665, 190, 87 | 5 | | 201. 00 202. 00 |
| 202.00 | Total (355 Histiactions) | 112,247,101 | 472, 741, 114 | 1 000, 170, 07 | ا ا | I | 1202.00 |

| North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | North | Nort Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES FRANCISCAN HEALTH HAMMOND Provider CCN: 15-0004

Peri od: From 01/01/2021 To 12/31/2021

| | | | Title XVIII | Hospi tal | PPS |
|------------------|--|------------------------|-------------|-----------|------------------|
| | Cost Center Description | PPS Inpatient | | | |
| | • | Ratio | | | |
| | | 11.00 | | | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30. 00 | 03000 ADULTS & PEDI ATRI CS | | | | 30.00 |
| 31.00 | 03100 I NTENSI VE CARE UNI T | | | | 31.00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | | | | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF | | | | 40.00 |
| 43.00 | 04300 NURSERY | | | | 43.00 |
| 44. 00 45. 00 | 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY | | | | 44. 00 45. 00 |
| 43.00 | ANCI LLARY SERVICE COST CENTERS | | | | 45.00 |
| 50. 00 | 05000 OPERATING ROOM | 0. 358561 | | | 50.00 |
| 50. 00 | 05001 OPEN HEART SURGERY | 0. 000000 | | | 50. 01 |
| 50. 01 | 05002 OUTPATIENT SURGERY | 2. 497660 | | | 50. 02 |
| 51. 00 | 05100 RECOVERY ROOM | 0. 197557 | | | 51. 00 |
| 53. 00 | 05300 ANESTHESI OLOGY | 0. 712353 | | | 53.00 |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C | 0. 540862 | | | 54.00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 223842 | | | 54. 01 |
| 54.02 | 05402 ULTRASOUND | 0. 148196 | | | 54. 02 |
| 55.00 | 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | | | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0. 064981 | | | 55. 01 |
| 57. 00 | 05700 CT SCAN | 0. 000000 | | | 57. 00 |
| 58. 00 | 05800 MRI | 0. 000000 | | | 58. 00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0. 108098 | | | 59. 00 |
| 60.00 | 06000 LABORATORY | 0. 191160 | | | 60. 00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0.000000 | | | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 050741 | | | 63.00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0. 325731 | | | 63. 01 |
| 65. 00 | 06500 RESPIRATORY THERAPY | 0. 529804 | | | 65. 00 |
| 66. 00 67. 00 | 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY | 0. 948797 0. 266542 | | | 66. 00 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 0. 631537 | | | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 0. 029673 | | | 69.00 |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | | | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 642411 | | | 71. 00 |
| 72. 00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | 0. 638815 | | | 72. 00 |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | 0. 145717 | | | 73. 00 |
| 76. 00 | 03020 PAIN CLINIC | 0. 000000 | | | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 0. 000000 | | | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 167. 472974 | | | 76. 02 |
| 76. 03 | 03957 CARDIAC REHABILITATION | 0. 766659 | | | 76. 03 |
| 76. 04 | 03190 RADIATION ONCOLOGY | 445. 088354 | | | 76. 04 |
| 76. 05 | 03951 MRI | 0. 124900 | | | 76. 05 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0. 000000 | | | 76. 06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | | | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 1. 154313 | | | 76. 08 |
| 76. 09 | 03954 RENAL DI ALYSI S | 1. 423566 | | | 76. 09 |
| 76. 10 | 03955 NFUSION | 0. 206794 | | | 76. 10 |
| | 03956 CARE TRANSITION CENTER | 0.000000 | | | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATI ON CLI NI C | 0. 976996 | | | 76. 12 |
| 88. 00 | OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC | | | | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | | | | 89.00 |
| 90.00 | 09000 CLINIC | 0. 000000 | | | 90.00 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0. 000000 | | | 90. 01 |
| 90. 01 | 09002 CARDI OLOGY CLI NI C | 0. 000000 | | | 90. 02 |
| 90. 03 | 09003 SPECIALTY CLINIC | 299. 474684 | | | 90. 03 |
| 91. 00 | 09100 EMERGENCY | 0. 162161 | | | 91.00 |
| 92. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 1. 048601 | | | 92. 00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 99. 00 | 09900 CMHC | | | | 99. 00 |
| | 09910 CORF | | | | 99. 10 |
| 101.00 | 10100 HOME HEALTH AGENCY | | | | 101. 00 |
| | SPECIAL PURPOSE COST CENTERS | | | | |
| | 11300 INTEREST EXPENSE | | | | 113. 00 |
| 200.00 | , | | | | 200. 00 |
| 201.00 | | | | | 201. 00 |
| 202.00 | Total (see instructions) | | | | 202. 00 |

Provider CCN: 15-0004

| | | | | | 1 | 0 12/31/2021 | Date/lime Pre 5/30/2022 8:0 | |
|------------------|-------|---|--------------------------------|---------------|-----------------------------|-----------------|----------------------------------|--------------------|
| | | | | Ti tl | e XIX | Hospi tal | Cost | |
| | | | T | | T | Costs | T. I. O. I. | |
| | | Cost Center Description | Total Cost | Therapy Limit | Total Costs | RCE | Total Costs | |
| | | | (from Wkst. B, Part I, col. | Adj . | | Di sal I owance | | |
| | | | 26) | | | | | |
| | | | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| | | IENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30. 00 | 1 | ADULTS & PEDIATRICS | 40, 158, 902 | | 40, 158, 902 | | 40, 161, 385 | |
| 31.00 | | INTENSIVE CARE UNIT | 7, 987, 970 | | 7, 987, 970 | | 7, 987, 970 | |
| 35. 00 40. 00 | | NEWBORN INTENSIVE CARE UNIT SUBPROVIDER - IPF | 2, 249, 121 12, 347, 605 | | 2, 249, 121 12, 347, 605 | 0 | 2, 249, 121 12, 347, 605 | 1 |
| 43. 00 | | NURSERY | 2, 167, 841 | | 2, 167, 841 | 0 | 2, 167, 841 | 1 |
| 44. 00 | | SKILLED NURSING FACILITY | 0 | | 0 | o o | 2, 107, 011 | 1 |
| 45.00 | | NURSING FACILITY | 0 | | 0 | o | 0 | • |
| | | LARY SERVICE COST CENTERS | | | | | | |
| 50.00 | | OPERATING ROOM | 6, 848, 654 | l | 6, 848, 654 | | 6, 848, 654 | |
| 50. 01 | | OPEN HEART SURGERY | 0 | l | 0 | | 0 | |
| 50. 02 51. 00 | | OUTPATIENT SURGERY RECOVERY ROOM | 3, 909, 250 501, 120 | l e | 3, 909, 250 501, 120 | | 3, 909, 250 501, 120 | 1 |
| 53.00 | | ANESTHESI OLOGY | 4, 890, 525 | | 4, 890, 525 | | 4, 890, 525 | 1 |
| 54. 00 | 1 | RADI OLOGY-DI AGNOSTI C | 5, 082, 956 | | 5, 082, 956 | | 5, 082, 956 | 1 |
| 54. 01 | | RADI OLOGY SPECI AL PROCEDURES | 1, 448, 018 | l | 1, 448, 018 | | 1, 448, 018 | |
| 54. 02 | 05402 | ULTRASOUND | 1, 200, 162 | | 1, 200, 162 | 0 | 1, 200, 162 | 54. 02 |
| 55. 00 | | RADI OLOGY-THERAPEUTI C | 0 | | 0 | 0 | 0 | |
| 55. 01 | | COMPUTED TOMOGRAPHY | 2, 294, 582 | | 2, 294, 582 | | 2, 294, 582 | |
| 57. 00 | 1 | CT SCAN | 0 | | 0 | _ | 0 | • |
| 58. 00 59. 00 | 05800 | CARDIAC CATHETERIZATION | 1, 054, 409 | | 1, 054, 409 | 0 | 0 1, 054, 409 | 58. 00 59. 00 |
| 60.00 | | LABORATORY | 9, 693, 538 | | 9, 693, 538 | | 9, 694, 796 | • |
| 60. 01 | 1 | BLOOD LABORATORY | 0,073,330 | | 0, 075, 550 | 1, 230 | 0, 0, 4, 7,0 | 60. 01 |
| 63. 00 | | BLOOD STORING, PROCESSING & TRANS. | 49, 373 | | 49, 373 | Ö | 49, 373 | • |
| 63. 01 | 06301 | NUCLEAR MEDICINE | 719, 132 | | 719, 132 | O | 719, 132 | 63. 01 |
| 65. 00 | | RESPI RATORY THERAPY | 4, 035, 164 | ł | | | 4, 035, 164 | 1 |
| 66. 00 | 1 | PHYSI CAL THERAPY | 4, 361, 300 | ł | | | 4, 362, 927 | 1 |
| 67. 00 | | OCCUPATIONAL THERAPY | 921, 926 | ł | | | 921, 926 | 1 |
| 68. 00 69. 00 | | SPEECH PATHOLOGY ELECTROCARDI OLOGY | 899, 416 305, 640 | ł | 899, 416 305, 640 | | 899, 416 305, 640 | 1 |
| 70.00 | | ELECTROCARDI OLOGI ELECTROENCEPHALOGRAPHY | 229, 739 | | 229, 739 | | 229, 739 | 1 |
| 71.00 | | MEDICAL SUPPLIES CHARGED TO PATIENT | 10, 046, 467 | ł | 10, 046, 467 | | 10, 046, 467 | • |
| 72.00 | | IMPL. DEV. CHARGED TO PATIENTS | 1, 927, 437 | l e | 1, 927, 437 | | 1, 927, 437 | ı |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 40, 062, 514 | | 40, 062, 514 | 0 | 40, 062, 514 | 73. 00 |
| 76. 00 | | PAIN CLINIC | 0 | | 0 | 0 | 0 | |
| 76. 01 | 1 | ORTHOPEDICS | 110, 092 | | 110, 092 | | 110, 092 | • |
| 76. 02 76. 03 | | CARDI OVASCULAR SERVI CES CARDI AC REHABI LI TATI ON | 2, 568, 533 1, 612, 345 | l e | 2, 568, 533 | | 2, 568, 533 1, 612, 345 | 1 |
| 76. 03 | | RADIATION ONCOLOGY | 2, 201, 407 | | 1, 612, 345 2, 201, 407 | | 2, 201, 407 | |
| 76. 05 | 03951 | | 750, 223 | l | 750, 223 | | 750, 223 | • |
| 76. 06 | 03952 | BARIATRIC CENTER | 0 | | 0 | | 0 | 1 |
| | | PSYCH ACTIVITY THERAPY | 0 | | 0 | 0 | 0 | |
| | | WOUND CARE | 1, 577, 302 | | 1, 577, 302 | | 1, 577, 392 | |
| | | RENAL DIALYSIS | 2, 281, 315 | | 2, 281, 315 | | 2, 281, 315 | |
| 76. 10 | | INFUSION CARE TRANSITION CENTER | 4, 379, 960 | | 4, 379, 960 | | 4, 380, 529 | |
| 76. 11 76. 12 | | ANTICOAGULATION CLINIC | 571, 306 | | 571, 306 | 0 | 0 571, 306 | |
| 70. 12 | | TIENT SERVICE COST CENTERS | 371,300 | | 371,300 | Ч | 371, 300 | 70.12 |
| 88. 00 | | RURAL HEALTH CLINIC | 0 | | 0 | 0 | 0 | 88. 00 |
| 89. 00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | | 0 | 0 | 0 | 89. 00 |
| 90.00 | | CLINIC | 0 | | 0 | 0 | 0 | |
| 90. 01 | | OCC HEALTH CLINIC | 435, 768 | | 435, 768 | 0 | 435, 768 | |
| 90. 02 | 1 | CARDI OLOGY CLINI C | 47 217 | | U 1 47 217 | 0 | 47 217 | 1 |
| 90. 03 91. 00 | | SPECIALTY CLINIC EMERGENCY | 47, 317 12, 209, 877 | | 47, 317 12, 209, 877 | | 47, 317 12, 209, 877 | |
| 92. 00 | | OBSERVATION BEDS (NON-DISTINCT PART | 9, 939, 430 | ł | 9, 939, 430 | | 9, 939, 430 | 1 |
| | | REIMBURSABLE COST CENTERS | ., | l | .,, | | ., | |
| 99. 00 | 09900 | | 0 | | 0 | | 0 | 99. 00 |
| 99. 10 | | | 0 | l | 0 | | 0 | |
| 101.00 | | HOME HEALTH AGENCY | 14, 344, 012 | | 14, 344, 012 | | 14, 344, 012 | 101. 00 |
| 112 00 | | AL PURPOSE COST CENTERS | I | | | | | 112 00 |
| 200.00 | | INTEREST EXPENSE Subtotal (see instructions) | 218, 421, 648 | 0 | 218, 421, 648 | 6, 027 | 218, 427, 675 | 113. 00 200. 00 |
| 201.00 | 1 | Less Observation Beds | 9, 939, 430 | | 9, 939, 430 | | 9, 939, 430 | |
| 202.00 | 1 | Total (see instructions) | 208, 482, 218 | l e | | | 208, 488, 245 | |
| | | | | | | · | | |

| Health Financial Systems | FRANCI SCAN HEA | LTH HAMMOND | | In Lie | u of Form CMS- | <u>255</u> 2-10 |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | Period: From 01/01/2021 | Worksheet C Part I | |
| | | | | To 12/31/2021 | Date/Time Pre | pared: |
| - | | Ti +I | e XIX | Hospi tal | 5/30/2022 8:0 Cost | 19 pm |
| | | Charges | S ALA | nospi tai | 0031 | |
| Cost Center Description | I npati ent | Outpati ent | Total (col. (+ col. 7) | Cost or Other Ratio | TEFRA Inpatient Ratio | |
| | 6.00 | 7. 00 | 8.00 | 9. 00 | 10.00 | |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS | | | | - | | |
| 30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 NTENSIVE CARE UNIT | 24, 252, 665 7, 775, 027 | | 24, 252, 66 7, 775, 02 | | | 30.00 |
| 35. 00 O2040 NEWBORN NTENSIVE CARE UNIT | 1, 222, 368 | | 1, 222, 36 | | | 35.00 |
| 40. 00 04000 SUBPROVI DER - PF | 18, 087, 327 | | 18, 087, 32 | | | 40. 00 |
| 43. 00 04300 NURSERY | 1, 699, 361 | | 1, 699, 36 | | | 43. 00 |
| 44. 00 04400 SKILLED NURSING FACILITY | 0 | | 1 | 0 | | 44.00 |
| 45. 00 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS | 0 | | | 0 | | 45. 00 |
| 50. 00 05000 OPERATING ROOM | 6, 088, 381 | 13, 011, 982 | 19, 100, 36 | 3 0. 358561 | 0. 000000 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0 | 0 |) | 0. 000000 | 0. 000000 | |
| 50. 02 05002 OUTPATIENT SURGERY | 1, 159, 560 | 405, 605 | 1 | | 0. 000000 | |
| 51. 00 05100 RECOVERY ROOM | 626, 269 | 1, 910, 316 | 1 | | 0.000000 | |
| 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 2, 583, 580 2, 296, 594 | 4, 281, 733 7, 101, 289 | 1 | | 0. 000000 0. 000000 | |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 2, 979, 990 | 3, 488, 937 | 1 | | 0. 000000 | |
| 54. 02 05402 ULTRASOUND | 2, 315, 966 | 5, 782, 497 | 1 | | 0. 000000 | |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | | 0. 000000 | 0. 000000 | |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 9, 165, 248 | 26, 146, 435 | 35, 311, 68 | | 0.000000 | |
| 57. 00 05700 CT SCAN 58. 00 05800 MRI | 0 | 0 | | 0 0.000000 0 0.000000 | 0. 000000 0. 000000 | |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 7, 108, 809 | 2, 645, 356 | 9, 754, 16 | | 0. 000000 | |
| 60. 00 06000 LABORATORY | 21, 378, 684 | 29, 336, 924 | 1 | | 0. 000000 | |
| 60. 01 06001 BLOOD LABORATORY | 0 | 0 | | 0. 000000 | 0. 000000 | |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 594, 251 | 378, 779 | 1 | | 0.000000 | |
| 63. 01 06301 NUCLEAR MEDI CI NE 65. 00 06500 RESPI RATORY THERAPY | 764, 252 6, 779, 349 | 1, 443, 495 836, 981 | | | 0. 000000 0. 000000 | |
| 66. 00 06600 PHYSI CAL THERAPY | 2, 921, 011 | 1, 677, 369 | | | 0. 000000 | |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 2, 715, 625 | 743, 211 | 1 | | 0. 000000 | |
| 68.00 06800 SPEECH PATHOLOGY | 1, 118, 817 | 305, 353 | 1, 424, 17 | 0. 631537 | 0. 000000 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 4, 486, 549 | 5, 813, 876 | 1 | | 0.000000 | |
| 70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 8, 192, 905 | 7, 445, 796 | 1 | 0 0. 000000 1 0. 642411 | 0. 000000 0. 000000 | |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS | 1, 910, 075 | 1, 107, 132 | 1 | | 0. 000000 | |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 16, 391, 583 | 258, 542, 541 | 1 | | 0.000000 | |
| 76. 00 03020 PAIN CLINIC | 0 | 0 | | 0. 000000 | 0. 000000 | |
| 76. 01 03950 ORTHOPEDI CS | 0 | 0 | 1 | 0.000000 | 0.000000 | 1 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 76. 03 03957 CARDI AC REHABI LI TATI ON | 1, 468 346, 534 | 13, 869 1, 756, 546 | 1 | | 0. 000000 0. 000000 | |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 3, 822 | 1, 730, 340 | | | 0. 000000 | |
| 76. 05 03951 MRI | 1, 616, 347 | 4, 390, 226 | 6, 006, 57 | | 0. 000000 | |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 | | 0.000000 | 0. 000000 | |
| 76. 07 03550 PSYCH ACTIVITY THERAPY 76. 08 03953 WOUND CARE | 642 | 1, 365, 878 |) 3 1, 366, 52 | 0 0.000000 0 1.154247 | 0. 000000 0. 000000 | |
| 76. 09 03954 RENAL DIALYSIS | 1, 406, 930 | 1, 303, 676 | 1 | | 0. 000000 | |
| 76. 10 03955 I NFUSI ON | 5, 140 | 21, 177, 945 | 1 | | 0. 000000 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | | 0. 000000 | 0. 000000 | |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 157 | 584, 601 | 584, 75 | 8 0. 976996 | 0. 000000 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC | l ol | 0 | nl | 0. 000000 | 0. 000000 | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | 0 | | 0.000000 | 0. 000000 | |
| 90. 00 09000 CLI NI C | 0 | 0 | | 0. 000000 | 0. 000000 | |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | | 0. 000000 | 0. 000000 | |
| 90. 02 09002 CARDI OLOGY CLINI C 90. 03 09003 SPECI ALTY CLINI C | 0 | 150 |] | 0.000000 | 0.000000 | 1 |
| 90. 03 09003 SPECI ALTY CLI NI C 91. 00 09100 EMERGENCY | 14, 254, 475 | 158 61, 040, 145 | | | 0. 000000 0. 000000 | |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 14, 254, 475 | 9, 478, 755 | | | 0. 000000 | |
| OTHER REIMBURSABLE COST CENTERS | | .,, | | ,,,,,,, | | |
| 99. 00 09900 CMHC | 0 | 0 | | 0 | | 99. 00 |
| 99. 10 09910 CORF | 0 | 20 520 (55 |) 20 520 (5 | 0 | | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS | 0 | 20, 530, 655 | 20, 530, 65 | ပျ | | 101. 00 |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 200.00 Subtotal (see instructions) | 172, 249, 761 | 492, 941, 114 | 665, 190, 87 | 5 | | 200. 00 |
| 201.00 Less Observation Beds | 170 040 7/5 | 400 044 411 | //5 100 07 | _ | | 201.00 |
| 202.00 Total (see instructions) | 172, 249, 761 | 492, 941, 114 | 665, 190, 87 | ၁ | | 202. 00 |
| | | | | | | |

| | | | Ti +Lo VIV | Hospi tal | 5/30/2022 8: 09 | pm |
|------------------|---|------------------------|------------|-----------|---------------------------------------|------------------|
| | Cost Center Description | PPS Inpatient | Title XIX | Hospi tal | Cost | |
| | cost center bescription | Ratio | | | | |
| | | 11. 00 | | | | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | 11.00 | | | | |
| 30.00 | 03000 ADULTS & PEDIATRICS | | | | | 30. 00 |
| 31. 00 | 03100 I NTENSI VE CARE UNI T | | | | | 31. 00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | | | | | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF | | | | | 40.00 |
| 43.00 | 04300 NURSERY | | | | | 43.00 |
| 44. 00 | 04400 SKILLED NURSING FACILITY | | | | | 44.00 |
| 45.00 | 04500 NURSING FACILITY | | | | | 45.00 |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50.00 | 05000 OPERATING ROOM | 0. 358561 | | | | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0. 000000 | | | | 50. 01 |
| 50. 02 | 05002 OUTPATI ENT SURGERY | 2. 497660 | | | | 50.02 |
| 51.00 | 05100 RECOVERY ROOM | 0. 197557 | | | | 51.00 |
| 53.00 | 05300 ANESTHESI OLOGY | 0. 712353 | | | | 53.00 |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 0. 540862 | | | | 54.00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 223842 | | | | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 0. 148196 | | | | 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | | | | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0. 064981 | | | I | 55. 01 |
| 57. 00 | 05700 CT SCAN | 0. 000000 | | | | 57. 00 |
| 58. 00 | 05800 MRI | 0. 000000 | | | | 58. 00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0. 108098 | | | | 59. 00 |
| 60.00 | 06000 LABORATORY | 0. 191160 | | | | 60.00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0.000000 | | | I | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 050741 | | | | 63.00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0. 325731 0. 529804 | | | | 63. 01 |
| 65. 00 66. 00 | 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY | 0. 529804 | | | | 65. 00 66. 00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 0. 266542 | | | | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 0. 631537 | | | | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 0. 031537 | | | | 69. 00 |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | | | | 70. 00 |
| 71.00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 642411 | | | I | 71. 00 |
| 72. 00 | 07200 I MPL. DEV. CHARGED TO PATIENTS | 0. 638815 | | | I | 72. 00 |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | 0. 145717 | | | | 73. 00 |
| 76. 00 | 03020 PAIN CLINIC | 0. 000000 | | | | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 0. 000000 | | | I | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 167. 472974 | | | | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 0. 766659 | | | | 76. 03 |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 445. 088354 | | | | 76. 04 |
| 76. 05 | 03951 MRI | 0. 124900 | | | | 76.05 |
| 76.06 | 03952 BARI ATRI C CENTER | 0. 000000 | | | | 76.06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | | | | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 1. 154313 | | | | 76. 08 |
| 76. 09 | 03954 RENAL DI ALYSI S | 1. 423566 | | | | 76. 09 |
| 76. 10 | 03955 I NFUSI ON | 0. 206794 | | | | 76. 10 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0. 000000 | | | | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATI ON CLI NI C | 0. 976996 | | | | 76. 12 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | |
| | 08800 RURAL HEALTH CLINIC | 0.000000 | | | | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0.000000 | | | | 89. 00 |
| 90.00 | 09000 CLINIC | 0.000000 | | | | 90.00 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0.000000 | | | | 90. 01 |
| 90. 02 | 09002 CARDI OLOGY CLI NI C 09003 SPECI ALTY CLI NI C | 0.000000 | | | | 90. 02 90. 03 |
| | 09100 EMERGENCY | 299. 474684 | | | | 90. 03 |
| 91. 00 92. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 162161 1. 048601 | | | | 91.00 |
| 92.00 | OTHER REIMBURSABLE COST CENTERS | 1. 046001 | | | | 92.00 |
| 99 00 | 09900 CMHC | | | | | 99. 00 |
| | 09910 CORF | | | | | 99. 10 |
| | 10100 HOME HEALTH AGENCY | | | | I | 101. 00 |
| 101.00 | SPECIAL PURPOSE COST CENTERS | <u> </u> | | | | . 5 1. 50 |
| 113. 00 | 11300 INTEREST EXPENSE | | | | 1 | 113. 00 |
| 200.00 | | | | | · · · · · · · · · · · · · · · · · · · | 200. 00 |
| 201.00 | , | | | | | 201. 00 |
| 202.00 | 1 1 | | | | | 202.00 |
| | | • | | | · | |

| Health Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|--|----------------------|----------------|--------------|---|-----------------------|---------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL | | Provider C | | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part I | pared: |
| | | Title | XVIII | Hospi tal | PPS | |
| Cost Center Description | Capi tal | Swing Bed | Reduced | | Per Diem (col. | |
| | Related Cost | Adjustment | Capi tal | Days | 3 / col . 4) | |
| | (from Wkst. B, | | Related Cost | | | |
| | Part II, col. 26) | | 2) | • | | |
| | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | 1.00 | 2.00 | 3.00 | 4.00 | 3.00 | |
| 30, 00 ADULTS & PEDIATRICS | 6, 821, 390 | 0 | 6, 821, 39 | 0 15, 423 | 442. 29 | 30.00 |
| 31.00 INTENSIVE CARE UNIT | 2, 058, 225 | | 2, 058, 22 | | | 31.00 |
| 35.00 NEWBORN INTENSIVE CARE UNIT | 105, 535 | | 105, 53 | 5 257 | 410. 64 | 35. 00 |
| 40. 00 SUBPROVI DER - I PF | 241, 386 | 0 | 241, 38 | 6 7, 498 | 32. 19 | 40.00 |
| 43. 00 NURSERY | 43, 494 | | 43, 49 | 4 638 | 68. 17 | 43.00 |
| 44.00 SKILLED NURSING FACILITY | 0 | | | 0 0 | 0.00 | |
| 45.00 NURSING FACILITY | 0 | | | 0 | 0.00 | |
| 200.00 Total (lines 30 through 199) | 9, 270, 030 | | 9, 270, 03 | 0 25, 803 | | 200. 00 |
| Cost Center Description | I npati ent | Inpati ent | | | | |
| | Program days | Program | | | | |
| | | Capital Cost | | | | |
| | | (col. 5 x col. | | | | |
| | 6.00 | 6) 7. 00 | - | | | |
| INPATIENT ROUTINE SERVICE COST CENTERS | 0.00 | 7.00 | | | | |
| 30. 00 ADULTS & PEDIATRICS | 3, 746 | 1, 656, 818 | | | | 30.00 |
| 31. 00 INTENSIVE CARE UNIT | 550 | | | | | 31.00 |
| 35. 00 NEWBORN INTENSIVE CARE UNIT | 0 | 0 | | | | 35. 00 |
| 40. 00 SUBPROVI DER - I PF | 663 | 21, 342 | | | | 40.00 |
| 43. 00 NURSERY | 0 | 0 | , | | | 43.00 |
| 44.00 SKILLED NURSING FACILITY | 0 | 0 | | | | 44. 00 |
| 45.00 NURSING FACILITY | 0 | 0 | | | | 45. 00 |
| 200.00 Total (lines 30 through 199) | 4, 959 | 2, 247, 878 | | | | 200. 00 |

| Health Financial Systems | FRANCISCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS- | 2552-10 |
|---|----------------|----------------|-------------|----------------------------------|--------------------------------|---------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | AL COSTS | Provider C | CN: 15-0004 | Peri od: | Worksheet D | |
| | | | | From 01/01/2021 To 12/31/2021 | Part II | narod: |
| | | | | 10 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | 9 pm |
| | | | e XVIII | Hospi tal | PPS | |
| Cost Center Description | Capi tal | Total Charges | | | Capital Costs | |
| | Related Cost | (from Wkst. C, | | Program | (column 3 x | |
| | (from Wkst. B, | Part I, col. | | . Charges | column 4) | |
| | Part II, col. | 8) | 2) | | | |
| | 26) | 2.00 | 2.00 | 4.00 | F 00 | |
| ANCILLARY SERVICE COST CENTERS | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| 50. 00 05000 OPERATING ROOM | 2, 904, 477 | 19, 100, 363 | 0. 15206 | 1, 991, 128 | 302, 779 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 2, 704, 477 | | 0. 00000 | | 0 | 50. 00 |
| 50. 02 05002 OUTPATIENT SURGERY | 2, 084, 872 | _ | 1 | | 416, 692 | |
| 51. 00 05100 RECOVERY ROOM | 80, 040 | | 1 | | 8, 000 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 88, 822 | | 1 | | 7, 539 | 1 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 1, 923, 829 | | 1 | | 182, 741 | |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 427, 231 | | 1 | | 58, 131 | |
| 54. 02 05402 ULTRASOUND | 312, 052 | | 1 | | 25, 304 | 1 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0.2,002 | | 0.00000 | | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 853, 704 | _ | 1 | | 68, 991 | |
| 57. 00 05700 CT SCAN | 0 | 00,011,000 | 0.00000 | | 0 | 57. 00 |
| 58. 00 05800 MRI | 0 | | 0.00000 | | 0 | 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 556, 921 | 9, 754, 165 | 1 | | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 1, 126, 459 | | 1 | | 139, 806 | 1 |
| 60. 01 06001 BLOOD LABORATORY | 1, 120, 107 | 00,710,000 | 0.00000 | | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 1, 953 | 973, 030 | | | 467 | 63.00 |
| 63. 01 06301 NUCLEAR MEDI CI NE | 313, 576 | | | | 48, 784 | |
| 65. 00 06500 RESPIRATORY THERAPY | 590, 117 | | 1 | | 138, 984 | |
| 66. 00 06600 PHYSI CAL THERAPY | 1, 005, 642 | | | | 141, 721 | |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 110, 639 | | | | 19, 477 | 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY | 295, 717 | | 1 | | 74, 335 | 1 |
| 69. 00 06900 ELECTROCARDI OLOGY | 171, 064 | | 1 | | 25, 637 | |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 122, 203 | | 0.00000 | | 0 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 802, 819 | l . | 1 | | 95, 665 | 71. 00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 153, 180 | | | | 41, 748 | 1 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 1, 611, 453 | | 1 | | 33, 341 | |
| 76. 00 03020 PAIN CLINIC | 0 | | 0.00000 | | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 60, 586 | | 0.00000 | | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 767, 911 | 15, 337 | 50. 06917 | 9 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 209, 996 | 2, 103, 080 | 0. 09985 | 89, 560 | 8, 943 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 1, 196, 583 | 4, 946 | 241. 92943 | 0 | 0 | 76. 04 |
| 76. 05 03951 MRI | 297, 055 | 6, 006, 573 | 0. 04945 | 572, 178 | 28, 297 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | C | 0. 00000 | | 0 | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 0 | (| 0. 00000 | 0 0 | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 459, 764 | 1, 366, 520 | 0. 33644 | 9 397 | 134 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 841, 677 | 1, 602, 535 | 0. 52521 | 6 633, 337 | 332, 639 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 314, 085 | 21, 183, 085 | 0. 01482 | 27 889 | 13 | 76. 10 |
| 76.11 03956 CARE TRANSITION CENTER | 0 | (| 0. 00000 | 0 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 13, 211 | 584, 758 | 0. 02259 | 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | <u> </u> | | • | <u>'</u> | | 1 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | C | 0.00000 | 0 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | d | 1 | | 0 | |
| 90. 00 09000 CLI NI C | 0 | (| 0.00000 | | 0 | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | 9, 764 | c | 0. 00000 | | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | (| 0. 00000 | | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 953 | 158 | 1 | | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 1, 653, 677 | 75, 294, 620 | 0. 02196 | 4, 120, 337 | 90, 495 | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 1, 688, 202 | 9, 478, 755 | 0. 17810 | 04 | 0 | 92. 00 |
| 200.00 Total (lines 50 through 199) | 23, 050, 234 | 591, 623, 472 | 2 | 34, 037, 736 | 2, 290, 663 | 200. 00 |
| | | | | | | |

| | EDANIOL COAN, LIE | AL TU LIAMMOND | | | 6.5. 046 | 0550 40 |
|--|--|---|---|--|---|--|
| Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA | FRANCISCAN HEA SS THROUGH COST | TS Provider C | <u> </u> | Period: From 01/01/2021 Fo 12/31/2021 | worksheet D Part III Date/Time Pre 5/30/2022 8:0 | pared: |
| | | Ti tl e | e XVIII | Hospi tal | PPS | |
| Cost Center Description | Nursi ng Program Post-Stepdown Adj ustments | | Post-Stepdown Adjustments | | All Other Medical Education Cost | |
| | 1A | 1.00 | 2A | 2. 00 | 3. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | 0 0 | l . | 1 | 0 0 0 0 | 0 0 0 | 31. 00 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF 43. 00 04300 NURSERY | 0 | (| | 0 0 | 0 | 43. 00 |
| 44.00 04400 SKILLED NURSING FACILITY 45.00 04500 NURSING FACILITY 200.00 Total (lines 30 through 199) | 0 | (| | 0 | 0 | 44. 00 45. 00 200. 00 |
| Cost Center Description | Swing-Bed Adjustment Amount (see instructions) | Total Costs (sum of cols. 1 through 3, minus col. 4) | Days | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days | |
| INDATIENT DOUTINE CEDVICE COCT CENTERS | 4. 00 | 5. 00 | 6. 00 | 7. 00 | 8. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 35.00 02040 NEWBORN INTENSIVE CARE UNIT 40.00 04000 SUBPROVIDER - IPF 43.00 04300 NURSERY 44.00 04400 SKILLED NURSING FACILITY 45.00 04500 NURSING FACILITY | 0 | | 1, 98 25 7, 498 6 6 6 7 (0) | 7 0.00 7 0.00 8 0.00 8 0.00 0 0.00 | 550 0 663 0 0 | 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 200.00 Total (lines 30 through 199) Cost Center Description | Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00 | (| 25, 803 | 5 | 4, 959 | 200. 00 |
| INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 35.00 02040 NEWBORN INTENSIVE CARE UNIT 40.00 04000 SUBPROVIDER - IPF 43.00 04300 NURSERY | 0 0 0 0 0 0 0 | | | | | 30. 00 31. 00 35. 00 40. 00 43. 00 |

44.00 45.00 200. 00

 Heal th Financial
 Systems
 FRANCISCAN HEALT

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CCN: 15-0004 THROUGH COSTS

| | | | | | 10 12/31/2021 | 5/30/2022 8:0 | |
|-------------------|--|---------------|---------------|----------|----------------|------------------|------------------|
| | | | Title | e XVIII | Hospi tal | PPS | |
| | Cost Center Description | Non Physician | Nursi ng | Nursi ng | Allied Health | Allied Health | |
| | | Anestheti st | Program | Program | Post-Stepdown | | |
| | | Cost | Post-Stepdown | | Adjustments | | |
| | | 1.00 | Adjustments | 0.00 | | | |
| | ANOLILIADY CERVICE COCT OFNITERS | 1.00 | 2A | 2. 00 | 3A | 3. 00 | |
| FO 00 | ANCI LLARY SERVI CE COST CENTERS | | | | | | F0 00 |
| 50. 00 50. 01 | 05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY | 0 | | 1 | 0 0 | 1 | 50. 00 50. 01 |
| 50. 01 | 05002 OUTPATIENT SURGERY | 0 | | 1 | 0 | ٠ - | |
| 51. 00 | 05100 RECOVERY ROOM | 0 | | 1 | | | 51.00 |
| 53. 00 | 05300 ANESTHESI OLOGY | 0 | | 1 | | | 53.00 |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 0 | | 1 | 0 | 1 ° | |
| 54. 01 | 05401 RADI OLOGY SPECIAL PROCEDURES | 0 | | 1 | 0 | | |
| 54. 02 | 05402 ULTRASOUND | 0 | ď | 1 | 0 | | |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | Ì | 1 | 0 | | 1 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0 | d | | 0 (| 2, 480 | 55. 01 |
| 57. 00 | 05700 CT SCAN | 0 | d | | 0 (| 1 | 1 |
| 58.00 | 05800 MRI | 0 | l c | | 0 (| o l | 58. 00 |
| 59.00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | l c | | 0 | 0 | 59. 00 |
| 60.00 | 06000 LABORATORY | 0 | (| | 0 (| 225, 368 | 60.00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | C | | 0 (| 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | C | | 0 (| 43, 974 | 63. 00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0 | C | | 0 | 5, 497 | 63. 01 |
| 65. 00 | 06500 RESPI RATORY THERAPY | 0 | (| 1 | 0 | 1, | 1 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 0 | (| | 0 | ٠ 1 | 66. 00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 0 | C | 1 | 0 | - | |
| 68. 00 | 06800 SPEECH PATHOLOGY | 0 | C | 1 | 0 | ٠ 1 | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 0 | C | 1 | 0 (| 1 | 69. 00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 0 | C | 1 | 0 | <u> </u> | |
| 71.00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | C | 1 | 0 | ٠ 1 | 71.00 |
| 72.00 | 07200 I MPL. DEV. CHARGED TO PATIENTS | 0 | C | 1 | 0 | 1 | |
| 73. 00 76. 00 | 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC | 0 | | 1 | 0 0 | 0077 102 | |
| 76. 00 76. 01 | 03950 ORTHOPEDI CS | 0 | | 1 | | 1 | |
| 76. 01 | 03140 CARDI OVASCULAR SERVI CES | 0 | | 1 | | 1 | 76. 01 |
| 76. 02 | 03957 CARDI AC REHABI LI TATI ON | 0 | | 1 | 0 | 1 | |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 0 | | 1 | 0 | 1 | 76. 04 |
| 76. 05 | 03951 MRI | 0 | | 1 | 0 | 1 ° | 76. 05 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0 | l d | 1 | 0 | - | 76. 06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | d | | 0 (| o o | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 0 | l c | | 0 (| o l | 76. 08 |
| 76. 09 | 03954 RENAL DIALYSIS | 0 | l c | | 0 | o o | 76. 09 |
| 76. 10 | 03955 I NFUSI ON | 0 | C | | 0 | 0 | 76. 10 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0 | C | | 0 (| 0 | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATION CLINIC | 0 | C |) | 0 (| 0 | 76. 12 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | _ | |
| 88. 00 | 08800 RURAL HEALTH CLINIC | 0 | 1 | 1 | 0 | • | |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | C | 1 | 0 (| 1 | |
| 90.00 | 09000 CLINIC | 0 | C | 1 | 0 (| 1 | 90. 00 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0 | C | | 0 | 0 | |
| 90. 02 | 09002 CARDI OLOGY CLINI C | 0 | 0 | 1 | 0 | 0 | 90. 02 |
| 90. 03 | 09003 SPECIALTY CLINIC | | | 1 | 0 0 | 1 ° | 90. 03 |
| 91.00 | 09100 EMERGENCY | | C | ή | 0 | 000,0.0 | |
| 92. 00 200. 00 | O9200 OBSERVATION BEDS (NON-DISTINCT PART Total (lines 50 through 199) | | C | | 0 | 0 1, 856, 907 | 92.00 |
| 200.00 | p Total (Titles 50 till bugli 177) | 1 | 1 | 1 | O _I | J 1, 000, 907 | 1200.00 |

In Lieu of Form CMS-2552-10 FRANCISCAN HEALTH HAMMOND APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0004 Peri od: Worksheet D From 01/01/2021 Part IV THROUGH COSTS Date/Time Prepared: 12/31/2021 5/30/2022 8:09 pm Title XVIII Hospi tal Cost Center Description All Other Total Cost Total Total Charges Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols Outpati ent Education Cost Cost (sum of 1, 2, 3, and Part I, col. l(col. 5 ÷ col 4) col s. 2, 3, 8) 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 19, 100, 363 0.000000 50.00 05001 OPEN HEART SURGERY 0 0 0 0.000000 50.01 50.01 05002 OUTPATIENT SURGERY 0 0 0 0 1, 565, 165 0.000000 50.02 50.02 05100 RECOVERY ROOM O 2, 536, 585 0.000000 51 00 Ω 51 00 53.00 05300 ANESTHESI OLOGY C 0 6, 865, 313 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 117, 790 117, 790 9, 397, 883 0.012534 54.00 05401 RADI OLOGY SPECIAL PROCEDURES 0 0 2.480 2.480 6, 468, 927 0.000383 54 01 54 01 54.02 05402 ULTRASOUND 1, 240 1, 240 8, 098, 463 0.000153 54.02 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 55.00 55.01 05501 COMPUTED TOMOGRAPHY 2, 480 2, 480 35, 311, 683 0.000070 55.01 05700 CT SCAN 57 00 0.000000 57 00 C 0 58.00 05800 MRI Ω 0 0.000000 58.00 05900 CARDIAC CATHETERIZATION 9, 754, 165 0.000000 59.00 59.00 06000 LABORATORY 50, 715, 608 0.004444 60.00 225, 368 225, 368 60.00 06001 BLOOD LABORATORY 60.01 0 0.000000 60 01 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 43, 974 43, 974 973, 030 0.045193 63.00 06301 NUCLEAR MEDICINE 5, 497 5, 497 2, 207, 747 0.002490 63.01 63.01 06500 RESPIRATORY THERAPY 118, 128 0.015510 65.00 118, 128 7, 616, 330 65.00 06600 PHYSI CAL THERAPY 66.00 0 4, 598, 380 0.000000 66.00 67.00 06700 OCCUPATIONAL THERAPY 3, 458, 836 0.000000 67.00 06800 SPEECH PATHOLOGY 68.00 1, 424, 170 0.000000 68.00 06900 ELECTROCARDI OLOGY 69.00 0 0 10, 300, 425 0.000000 69.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 Ω 0.000000 70 00 15, 638, 701 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0.000000 71.00 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 3, 017, 207 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 659, 402 73.00 659, 402 274, 934, 124 0.002398 73.00 76.00 03020 PAIN CLINIC C 0 0.000000 76.00 03950 ORTHOPEDI CS 0.000000 76.01 76.01 76.02 03140 CARDI OVASCULAR SERVI CES 0 0 15, 337 0.000000 76.02 03957 CARDIAC REHABILITATION 0 76.03 C 2, 103, 080 0.000000 76.03 76. 04 03190 RADIATION ONCOLOGY 4, 946 0.000000 76.04 76. 05 03951 MRI 6,006,573 0.000000 76.05

03952 BARIATRIC CENTER 0 0.000000 76.06 76.06 0 76.07 03550 PSYCH ACTIVITY THERAPY 0.000000 76.07 76.08 03953 WOUND CARE 0 1, 366, 520 0.000000 76.08 03954 RENAL DIALYSIS 0 1, 602, 535 0.000000 76.09 76.09 21, 183, 085 03955 I NFUSI ON 0 0.000000 76.10 76.10 0 76. 11 03956 CARE TRANSITION CENTER 0 C 0.000000 76.11 76. 12 03958 ANTICOAGULATION CLINIC 584, 758 0.000000 76.12 OUTPATIENT SERVICE COST CENTERS 0 88.00 0.000000 88.00 08800 RURAL HEALTH CLINIC 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0.000000 89.00 0 90.00 09000 CLI NI C 00000 0 0 0.000000 90.00 09001 OCC HEALTH CLINIC 0 0 0.000000 90 01 90 01 Ω 90.02 09002 CARDIOLOGY CLINIC 0 0 0 0.000000 90.02 90.03 09003 SPECIALTY CLINIC 158 0.000000 90.03 91. 00 09100 EMERGENCY 680, 548 680, 548 75, 294, 620 0.009038 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 9, 478, 755 0.000000 92 00 0 200.00 Total (lines 50 through 199) 1, 856, 907 1, 856, 907 591, 623, 472 200.00 Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0004 Peri od: Worksheet D From 01/01/2021 THROUGH COSTS Part IV 12/31/2021 Date/Time Prepared: 5/30/2022 8:09 pm Title XVIII Hospi tal PPS Cost Center Description Outpati ent Inpatient Inpati ent Outpati ent Outpati ent Program Ratio of Cost Program Program Program Pass-Through to Charges Pass-Through Charges Charges Costs (col. (col. 6 ÷ col Costs (col. 8 x col. 10) x col. 12) 7) 13. 00 9.00 10.00 11. 00 12.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 2, 531, 492 50.00 1, 991, 128 0 05001 OPEN HEART SURGERY 0 50.01 0.000000 0 50.01 05002 OUTPATIENT SURGERY 0.000000 312, 821 0 19, 943 50.02 0 50.02 05100 RECOVERY ROOM 0.000000 369, 578 51.00 253, 529 0 51.00 0 0.000000 05300 ANESTHESI OLOGY 582, 710 695, 944 53.00 \cap Λ 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.012534 892, 688 11, 189 1, 466, 300 18, 379 54.01 05401 RADI OLOGY SPECIAL PROCEDURES 0.000383 880, 182 337 1, 059, 006 406 54.01 05402 ULTRASOUND 0.000153 99 54 02 656, 702 100 644, 926 54 02 05500 RADI OLOGY-THERAPEUTI C 55.00 0.000000 \cap 0 55.00 55.01 05501 COMPUTED TOMOGRAPHY 0.000070 2, 853, 712 200 3, 681, 464 258 55.01 57.00 05700 CT SCAN 0.000000 0 0 0 0 05800 MRI 0.000000 58 00 0 58 00 Ω 0 0 59.00 05900 CARDIAC CATHETERIZATION 0.000000 0 59.00 06000 LABORATORY 60.00 0.004444 6, 294, 438 27, 972 625, 426 2, 779 60.00

| APPOPRITIONAL CONTROLLARY SERVICES AND VANCEINE COST Provider COX: 15.0004 | Hearth Financial Systems | FRANCI SCAN HEA | | | | u or form CMS | 2552-10 |
|--|---|-----------------|----------------|---------|-----------------|---------------|---------|
| Cost Center Description | APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST | Provi der C | | From 01/01/2021 | | |
| Cost Center Description | | | | | To 12/31/2021 | Date/Time Pre | pared: |
| Cost Center Description | | | T' 11 | 20/11/1 | | | 9 pm |
| Cost Center Description | | | | | ноѕрі таі | | |
| Rel for From Formation Formation Formation Rel pollured Services Subject To Subject To T | Cook Cookson Documents on | C+ +- Ch | DDC Delashine | | C+ | | |
| Morticlary Service Cost Centers | Cost Center Description | | | | | | |
| Part I, col. 9 | | | | | | (see inst.) | |
| MICH LIABY SERVICE COST CENTERS | | | , | | | | |
| 1.00 | | Part I, Cor. 9 | | | | | |
| NOTE | | | | | | | |
| MICLILARY SERVICE COST CENTERS 50. 01 05000 (DEPRATI NE RODIW) 50. 01 05000 (DEPRATI NE RODIW) 50. 01 05000 (DEPRATI NE RODIW) 50. 02 05000 (DUPRATI NET SURGERY) 0. 0000000 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 00 | 2.00 | | | E 00 | |
| 50.00 | ANCILLARY SERVICE COST CENTERS | 1.00 | 2.00 | 3.00 | 4.00 | 3.00 | |
| 50.01 5000 0F0H TEART SURGERY 0.000000 0 0 0 0 0 50.01 | | 0.250561 | 2 521 402 | | 0 | 007 604 | 50 00 |
| 50.00 05000 017FAT ENT SURGERY 2,497660 19,943 0 0 49,811 50.00 51.00 05100 06000 RECOMPRY ROMOM 0.1975577 369,578 0 0 73,013 51.00 0500 03300 ANESTHESI OLOGY 0.712353 609,944 0 0 495,758 53.00 0 0 0495,758 53.00 0 0 0500 0 0 0 0 0 | | | | 1 | | ' | |
| 51.00 05100 RECOVERY ROOM 0.197557 369, 578 0 0.73, 013 51.00 53.00 05300 MESTHESI OLOCY 0.712253 609, 944 0 0.495, 758 53.00 05300 MESTHESI OLOCY 0.540862 1.669, 300 0 0.793, 566 54.01 0.401 7401 740100CY SPECIAL PROCEDURES 0.223842 1.659, 906 0 0.237, 605 54.01 0.401 74010CV | | | | | | | 1 |
| 53.00 65300 ANESTHESI OLOGY 0.712353 695, 944 0 0.975,758 53.00 | | | | | - | | 1 |
| 54. 00 05400 RADIOLOSY-DIAGNOSTIC 0.540862 1,466,300 0 0.237,306 54. 00 0.5401 RADIOLOSY SPECIAL PROCEDURES 0.223842 1,509,006 0.0 0.237,305 54. 01 05401 RADIOLOSY SPECIAL PROCEDURES 0.223842 1,509,006 0.0 0.0 0.55,375 54. 02 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.550.00 0.0 0.0 0.550.00 | | | | • | - | | 1 |
| 54. 01 05401 RADIOLOGY SPECIAL PROCEDURES 0. 223842 1,059,000 0 0 237,060 54. 01 | | l . | | | | | 1 |
| 54 Q 05402 ULTRASOUND | | | | 1 | | | 1 |
| 55. 00 05500 ASDIOLOGY—THERAPEUTIC 0.000000 0 0 0 55. 00 55. 00 55. 00 05700 COMPUTED TO DIMOGRAPHY 0.064981 3.681, 464 0 0 239, 225 55. 00 55. 00 05700 CT SCAN 0.000000 0 0 0 0 0 57. 00 05900 CADDIA C CATHETER IZATI (ON 0.000000 0 0 0 0 0 0 0 | | | | 1 | 0 | | 1 |
| 55.00 05500 COMPUTED TOMOGRAPHY 0.064981 3,681,464 0 0 239,225 55.01 | | | | 1 | 0 | | 1 |
| 57.00 OS700 CT SCAN 0.000000 0 0 0 0 57.00 | | | l . | 1 | | | |
| 58.00 05800 MRI | · · | | | 1 | - | | 1 |
| 99 00 05900 CARDIA C CATHETERIZATION 0.108098 0 0 0 0 59.00 | | | | 1 | | | |
| 60 00 06000 LABORATORY 0. 191135 625, 426 0 0 119,541 60. 00 | | | | l . | - | | |
| 0.000 0.000 0.000 0.000 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 0.0000 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 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000 | | | l . | 1 | - | | |
| 63.00 0.0300 BLOOD STORING, PROCESSING & TRANS. 0.050741 1.66.662 0.0 0.0 8,457 63.00 63.01 0.0501 NUCLEAR MEDICINE 0.325731 3.68,341 0.0 0.0 119,980 63.01 65.00 0.0500 RESPIRATORY THERAPY 0.529804 122,159 0.0 0.0 0.0 0.0 64.720 65.00 0.0500 RESPIRATORY THERAPY 0.948443 24,156 0.0 0.22,911 0.0000 0.0000 0.0 | | | l . | 1 | | | 1 |
| 63.01 06301 NUCLEAR MEDICINE 0.325731 368.341 0 0 119,980 63.01 | • • • • • • • • • • • • • • • • • • • | | l . | 1 | 0 | | 1 |
| 65.00 06500 RESPI RATORY THERAPY 0.529804 122.159 0 0 6.4,720 65.00 66.00 06600 PHYSI CAL THERAPY 0.984843 24.156 0 0 0.22,911 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0.266542 5,776 0 0 1.540 67.00 68.00 06800 SPECH PATHOLOGY 0.631537 18,490 0 0 11,677 68.00 69.00 06900 ELECTROCARDIOLOGY 0.029673 1.262,625 0 0 37,466 69.00 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 ELECTROCARDIOLOGY 0.000000 0 0 0 0 0 70.00 07000 07000 07000 0 0 0 | | | 166, 662 | | 0 | 8, 457 | 63. 00 |
| 66.00 06600 Decomposition 06.00 0600 | | | | | 0 | | |
| 67:00 06700 06700 06700 06700 06700 06700 06700 06800 | 65. 00 06500 RESPI RATORY THERAPY | 0. 529804 | 122, 159 | | 0 | 64, 720 | 65. 00 |
| 68.00 06900 06900 ELECTROCARDI OLOGY 0. 631537 18. 490 0 0 11. 677 68. 00 | 66. 00 06600 PHYSI CAL THERAPY | 0. 948443 | 24, 156 | | 0 | 22, 911 | 66. 00 |
| 69.00 06900 ELECTROCARDI OLOGY 0.029673 1,262,625 0 0 0 37,466 69,00 | 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 266542 | 5, 776 | | 0 | 1, 540 | 67. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY 0. 000000 0 0 0 0 70. 00 071. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 642411 1, 401, 864 0 0 0 900, 573 71. 00 72. 00 7200 IMPL. DEV. CHARGED TO PATIENTS 0. 638815 330, 203 0 0 210, 939 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 145717 114, 666, 103 0 2, 159 16, 708, 801 73. 00 76. 00 03020 PAIN CLINIC 0. 000000 0 0 0 0 0 0 76. 00 | 68. 00 06800 SPEECH PATHOLOGY | 0. 631537 | 18, 490 | | 0 | 11, 677 | 68. 00 |
| 771.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0. 642411 1. 401, 864 0 0 900, 573 71. 00 07200 MPL. DEV. CHARGED TO PATIENTS 0. 638815 330, 203 0 0 210, 939 72. 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 145717 114, 666, 103 0 2, 159 16, 708, 801 73. 00 76. 00 03950 DRUGS CHARGED TO PATIENTS 0. 145717 114, 666, 103 0 2, 159 16, 708, 801 73. 00 76. 00 03950 DRUGS CHARGED TO PATIENTS 0. 145717 114, 666, 103 0 2, 159 16, 708, 801 73. 00 76. 00 03950 DRUGS CHARGED TO PATIENTS 0. 0000000 0 0 0 0 0 0 | 69. 00 06900 ELECTROCARDI OLOGY | 0. 029673 | 1, 262, 625 | 5 | 0 | 37, 466 | 69. 00 |
| 72. 00 07200 IMPL DEV. CHARGED TO PATIENTS 0. 638815 330, 203 0 0 210, 939 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 145717 114, 666, 103 0 2, 159 16, 708, 801 73. 00 76. 00 03020 PAI N CLINIC 0. 000000 0 0 0 0 0 0 76. 01 76. 01 03950 DRTHOPEDI CS 0. 0000000 0 0 0 0 0 0 | 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | 0 | | 0 | 0 | 70.00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS 0.145717 114, 666, 103 0 2, 159 16, 708, 801 73.00 76.00 03020 PAIN CLINIC 0.000000 0 0 0 0 0 0 76.01 76.01 03950 ORTHOPEDICS 0.000000 0 0 0 0 0 0 0 | 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 642411 | 1, 401, 864 | | 0 | 900, 573 | 71. 00 |
| 76. 00 03020 PAIN CLINIC 0.000000 0 0 0 0 0 76. 00 76. 01 03950 0RTHOPEDI CS 0.000000 0 0 0 0 0 0 76. 02 03140 CARDI OVASCULAR SERVI CES 167. 472974 0 0 0 0 0 0 76. 03 03957 CARDI AC REHABI LI TATI ON 0.766659 1, 094, 270 0 0 0 838, 932 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 445. 088354 0 0 0 0 87, 881 76. 05 76. 05 03951 MRI 0.124900 703, 610 0 0 87, 881 76. 05 76. 06 03952 BARI ATRI C CENTER 0.000000 0 0 0 0 0 76. 07 03550 PSYCH ACTI VI TY THERAPY 0.000000 0 0 0 0 0 76. 08 03953 WOUND CARE 1.154247 518, 843 0 0 598, 873 76. 08 76. 09 03954 RENAL DI ALYSI S 1.423566 0 0 0 0 598, 873 76. 08 76. 10 03955 INFUSI ON 0.206767 2,354, 831 0 0 486, 901 76. 10 76. 11 03956 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 0 76. 12 03958 ANTI COAGULATI ON CLINI C 0.976996 95,651 0 0 93,451 76. 12 03958 ANTI COAGULATI ON CLINI C 0.976996 95,651 0 0 0 0 76. 12 03950 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 12 03950 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 12 03950 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 12 03950 CARE TRANSITI ON CLINI C 0.976996 95,651 0 0 0 0 76. 12 03950 CARE TRANSITI ON CLINI C 0.000000 0 0 0 0 76. 12 03950 CARE TRANSITI ON CLINI C 0.000000 0 0 0 0 76. 17 03950 CARE TRANSITI ON CLINI C 0.000000 0 0 0 0 76. 17 03950 CARE TRANSITI ON CLINI C 0.000000 0 0 0 0 76. 17 03950 CARE TRANSITI ON CLINI C 0.000000 0 0 0 0 76. 18 03950 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 19 04000 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 10 04000 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 10 04000 04000 05000 05000 00 | 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0. 638815 | 330, 203 | | 0 | 210, 939 | 72. 00 |
| 76. 01 03950 ORTHOPEDICS 0.000000 0 0 0 76. 01 76. 02 03140 CARDI OVASCULAR SERVICES 167. 472974 0 0 0 0 0 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0.766659 1,094,270 0 0 0 838,932 76. 04 03190 RADI ATI ON ONCOLOGY 445. 088354 0 0 0 0 0 0 76. 04 76. 05 03951 MRI 0.124900 703,610 0 0 0 87,881 76. 05 03952 BARI ATRIC CENTER 0.000000 0 0 0 0 0 76. 06 03952 BARI ATRIC CENTER 0.000000 0 0 0 0 0 76. 07 03550 PSYCH ACTI VI TY THERAPY 0.000000 0 0 0 0 0 76. 08 03953 WOUND CARE 1.154247 518,843 0 0 598,873 76. 08 76. 09 03954 RENAL DI ALYSI S 1.423566 0 0 0 0 0 76. 10 03955 INFUSI ON 0.206767 2,354,831 0 0 486,901 76. 10 76. 11 03956 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 12 03958 ANTI COAGULATI ON CLINIC 0.976996 95,651 0 0 93,451 76. 12 03958 ANTI COAGULATI ON CLINIC 0.976996 95,651 0 0 93,451 89. 00 08900 RURAL HEALTH CLINIC 0.000000 0 0 0 0 0 90. 01 09001 OCC HEALTH CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 03 09003 SPECI ALTY CLINIC 0.000000 0 0 0 0 0 0 90. 04 0500000000000000000000000000000000 | 73.00 07300 DRUGS CHARGED TO PATIENTS | 0. 145717 | 114, 666, 103 | 3 | 0 2, 159 | 16, 708, 801 | 73. 00 |
| 76. 01 03950 ORTHOPEDICS 0.000000 0 0 0 76. 01 76. 02 03140 CARDI OVASCULAR SERVICES 167. 472974 0 0 0 0 0 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0.766659 1,094,270 0 0 0 838,932 76. 04 03190 RADI ATI ON ONCOLOGY 445. 088354 0 0 0 0 0 0 76. 04 76. 05 03951 MRI 0.124900 703,610 0 0 0 87,881 76. 05 03952 BARI ATRIC CENTER 0.000000 0 0 0 0 0 76. 06 03952 BARI ATRIC CENTER 0.000000 0 0 0 0 0 76. 07 03550 PSYCH ACTI VI TY THERAPY 0.000000 0 0 0 0 0 76. 08 03953 WOUND CARE 1.154247 518,843 0 0 598,873 76. 08 76. 09 03954 RENAL DI ALYSI S 1.423566 0 0 0 0 0 76. 10 03955 INFUSI ON 0.206767 2,354,831 0 0 486,901 76. 10 76. 11 03956 CARE TRANSITI ON CENTER 0.000000 0 0 0 0 76. 12 03958 ANTI COAGULATI ON CLINIC 0.976996 95,651 0 0 93,451 76. 12 03958 ANTI COAGULATI ON CLINIC 0.976996 95,651 0 0 93,451 89. 00 08900 RURAL HEALTH CLINIC 0.000000 0 0 0 0 0 90. 01 09001 OCC HEALTH CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 02 09002 CARDI OLOGY CLINIC 0.000000 0 0 0 0 0 90. 03 09003 SPECI ALTY CLINIC 0.000000 0 0 0 0 0 0 90. 04 0500000000000000000000000000000000 | 76. 00 03020 PAIN CLINIC | 0. 000000 | O | | 0 0 | 0 | 76. 00 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 167. 472974 0 0 0 0 0 0 76. 02 76. 03 03957 CARDI AC REHABILITATI ON | | | | | 0 0 | 0 | 1 |
| 76. 03 03957 | | | 0 | | o o | 0 | 1 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 345. 088354 0 0 0 0 0 76. 04 76. 05 03951 MRI | | | 1, 094, 270 | | o o | 838, 932 | 1 |
| 76. 05 03951 MRI | | l . | | | 0 | | 1 |
| 76. 06 | | | l . | | 0 | | 1 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY 0.000000 0 0 0 0 76. 07 76. 07 76. 08 03953 WOUND CARE 1.154247 518,843 0 0 598,873 76. 08 76. 09 03954 RENAL DIALYSIS 1.423566 0 0 0 0 0 0 76. 07 76. 07 76. 10 03955 INFUSION 0.206767 2,354,831 0 0 0 486,901 76. 10 76. 11 03956 CARE TRANSITION CENTER 0.000000 0 0 0 0 0 0 76. 11 76. 12 03958 ANTICOAGULATION CLINIC 0.976996 95,651 0 0 0 93,451 76. 12 000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | 0 | | 1 |
| 76. 08 | | | l . | | 0 | | 1 |
| 76. 09 | | | l . | | 0 | | |
| 76. 10 | | | 1 | | 0 | | 1 |
| 76. 11 | | | l . | 1 | | | |
| 76. 12 03958 ANTI COAGULATI ON CLINI C 0. 976996 95, 651 0 0 93, 451 76. 12 OUTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLINI C 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINI C 0. 000000 0 0 0 0 0 0 90. 00 90. 01 09001 0CC HEALTH CLINI C 0. 000000 0 0 0 0 0 0 90. 01 90. 01 90. 02 09002 CARDI OLOGY CLINI C 0. 000000 0 0 0 0 0 0 90. 01 90. 02 90. 03 09003 SPECI ALTY CLINI C 299. 474684 0 0 0 0 0 0 90. 03 91. 00 09100 EMERGENCY 0. 162161 6, 828, 816 0 0 1, 107, 368 91. 00 910. 00 09000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | - | | |
| SECTION SERVICE COST CENTERS SECTION SERVICE COST CENTERS SECTION | · · | | | | | | 1 |
| 88. 00 | | 0. 770770 | 75, 051 | | 0 0 | 75, 451 | 70. 12 |
| 89. 00 | | | | | | | 88 00 |
| 90. 00 | | | | | | | |
| 90. 01 | | 0 000000 | | | 0 | n | |
| 90. 02 | | | l . | 1 | | | 1 |
| 90. 03 09003 SPECIALTY CLINIC 299. 474684 0 0 0 0 90. 03 09100 SMERGENCY 0 0. 162161 6, 828, 816 0 0 0 0 910, 368 91. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 1. 048601 876, 587 0 0 0 919, 190 92. 00 201. 00 Less PBP Clinic Lab. Services-Program 0 0 0 0 0 0 0 0 0 | | | | • | | | |
| 91. 00 09100 EMERGENCY 0. 162161 6,828,816 0 0 1,107,368 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART 200. 00 201. 00 Less PBP Clinic Lab. Services-Program 0nly Charges 0 0 0 0 0 0 0 0 0 | | | | • | | | |
| 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART 1.048601 876, 587 0 0 919, 190 92. 00 201. 00 201. 00 0 0 0 0 0 0 0 0 0 | | | 4 020 014 | 1 | - | | 1 |
| 200.00 Subtotal (see instructions) 141,933,066 0 2,159 25,230,393 200.00 201.00 0 0 0 0 0 0 0 0 0 | | | 1 | 1 | - | | 1 |
| 201.00 Less PBP Clinic Lab. Services-Program 0 0 201.00 Only Charges | | 1. 040001 | | 1 | - | | |
| Only Charges | | | 141, 933, 066 | 1 | | 20, 230, 393 | |
| | | | | | 0 | | 201.00 |
| 202. 00 | | | 141 033 066 | , | 0 2 150 | 25 230 302 | 202 00 |
| | 202.00 | 1 | 1 41, 733, 000 | 1 | 2, 139 | 25, 250, 373 | 1202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0004 Peri od: Worksheet D From 01/01/2021 Part V Date/Time Prepared: 12/31/2021 5/30/2022 8:09 pm 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 0 50.00 50. 01 05001 OPEN HEART SURGERY 0 50.01 05002 OUTPATIENT SURGERY 0 50 02 50 02 51.00 05100 RECOVERY ROOM 0 51.00 53. 00 05300 ANESTHESI OLOGY 0 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 05401 RADI OLOGY SPECIAL PROCEDURES 0 54.01 54.01 54.02 05402 ULTRASOUND 0 54.02 05500 RADI OLOGY-THERAPEUTI C 0 55.00 55.00 05501 COMPUTED TOMOGRAPHY 0 55 01 55 01 57.00 05700 CT SCAN 0 57.00 58.00 05800 MRI 0 58.00 05900 CARDIAC CATHETERIZATION 59.00 0 59.00 06000 LABORATORY 0 60.00 60 00 60.01 06001 BLOOD LABORATORY 0 60.01 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 63.00 63.01 06301 NUCLEAR MEDICINE 0 63.01 06500 RESPIRATORY THERAPY 0 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 0 66.00 06700 OCCUPATIONAL THERAPY 0 67.00 67.00 06800 SPEECH PATHOLOGY 0 68.00 68.00 06900 ELECTROCARDI OLOGY 0 69.00 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 0 72.00 72.00 73.00 315 73.00 76.00 03020 PAIN CLINIC 76.00 03950 ORTHOPEDI CS 0 76. 01 76.01 03140 CARDI OVASCULAR SERVI CES 0 76.02 76.02 76. 03 03957 CARDIAC REHABILITATION 0 76.03 03190 RADIATION ONCOLOGY 0 76. 04 76.04 03951 MRI 0 76.05 76.05 03952 BARIATRIC CENTER 76.06 76.06 76.07 03550 PSYCH ACTIVITY THERAPY 0 76.07 76. 08 03953 WOUND CARE 0 76.08 03954 RENAL DIALYSIS 76.09 0 76.09 76. 10 03955 I NFUSI ON 0 76. 10 76. 11 03956 CARE TRANSITION CENTER 76.11 03958 ANTI COAGULATION CLINIC 76.12 76.12 OUTPATIENT SERVICE COST CENTERS 88 00 08800 RURAL HEALTH CLINIC 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 89.00 90 00 09000 CLI NI C 0 90.00 000000 90.01 09001 OCC HEALTH CLINIC 0 90.01 90.02 09002 CARDIOLOGY CLINIC 0 90.02 09003 SPECIALTY CLINIC 90. 03 0 90.03

0

C

315

315

91 00

92.00

200.00

201.00

202.00

09100 EMERGENCY

Only Charges

09200 OBSERVATION BEDS (NON-DISTINCT PART

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Subtotal (see instructions)

91 00

92.00

200.00

201.00

202.00

| Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of For | m CMS-2 | 2552-10 |
|--|-------------|------------------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS Provider CCN: 15-0004 Component CCN: 15-S004 Peri od: From 01/01/2021 To 12/31/2021 Date/Ti 5/30/20 | eet D | |
| Title XVIII Subprovider - | PPS | |
| Cost Center Description Capital Total Charges Ratio of Cost Inpatient Capital | | |
| Related Cost (from Wkst. C, to Charges Program (column (from Wkst. B, Part I, col. (col. 1 ÷ col. Charges column | | |
| Part II, col. 8) 2) | 4) | |
| 26) | _ | |
| | 00 | |
| 50. 00 05000 0PERATI NG ROOM 2, 904, 477 19, 100, 363 0. 152064 0 | 0 | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY 0 0 0.000000 0 | 0 | 50. 01 |
| 50. 02 05002 017PATI ENT SURGERY 2, 084, 872 1, 565, 165 1. 332046 0 | 0 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM 80, 040 2, 536, 585 0. 031554 0 | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY 88, 822 6, 865, 313 0. 012938 0 | 0 | 53. 00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C 1, 923, 829 9, 397, 883 0. 204709 5, 017 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 427, 231 6, 468, 927 0. 066044 0 | 1, 027 0 | 54. 00 54. 01 |
| 54. 01 05401 RADI OLOGI 3PECIAL PROCEDURES 427, 251 6, 466, 927 0. 060044 0 0 0 0 0 0 0 0 0 | 52 | 54. 01 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY 853, 704 35, 311, 683 0. 024176 26, 975 | 652 | 55. 01 |
| 57. 00 05700 CT SCAN 0 0 0.000000 0 | 0 | 57.00 |
| 58. 00 05800 MRI 0 0 0 0 0 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON 556, 921 9, 754, 165 0. 057096 0 | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 4, 584 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY 0 0. 000000 0 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 1, 953 973, 030 0. 002007 0 | 0 | 60. 01 63. 00 |
| 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. | 0 | 63. 00 |
| 65. 00 06500 RESPI RATORY THERAPY 590, 117 7, 616, 330 0. 077480 815 | 63 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 948 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY 110, 639 3, 458, 836 0. 031987 0 | 0 | 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY 295, 717 1, 424, 170 0. 207642 0 | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 516 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 70.00 |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 802, 819 15, 638, 701 0. 051335 6, 302 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 153, 180 3, 017, 207 0. 050769 0 | 324 | 71. 00 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 1,611,453 274,934,124 0.005861 104,749 | 614 | 72.00 |
| 76. 00 03020 PAIN CLINIC 0 0. 000000 0 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDICS 60, 586 0 0.000000 0 | o | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 767, 911 15, 337 50. 069179 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON 209, 996 2, 103, 080 0. 099852 0 | 0 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 1, 196, 583 4, 946 241. 929438 0 | 0 | 76. 04 |
| 76. 05 03951 MRI 297, 055 6, 006, 573 0. 049455 8, 428 | 417 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER 0 0.000000 0 0 0 0 0 0 | 0 | 76. 06 76. 07 |
| 76. 08 03953 WOUND CARE 459, 764 1, 366, 520 0. 336449 0 | 0 | 76. 07 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S 841, 677 1, 602, 535 0. 525216 0 | ő | 76. 09 |
| 76. 10 03955 INFUSION 314, 085 21, 183, 085 0. 014827 2, 813 | 42 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER 0 0 0.000000 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C 13, 211 584, 758 0. 022592 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | - | 00.00 |
| 88. 00 08800 RURAL HEALTH CLINIC 0 0 0.000000 0 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0.000000 0 | 0 | 88. 00 89. 00 |
| 90. 00 09000 CLINIC 0 0.000000 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC 9, 764 0 0. 000000 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C 0 0 0 0 0 0 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC 953 158 6. 031646 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 3, 200 | |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0 9, 478, 755 0.000000 0 | 12 420 | 92. 00 |
| 200.00 Total (lines 50 through 199) 21,362,032 591,623,472 543,924 | 12, 439 | ∠UU. UU |

| Health Financial Systems | FRANCI SCAN HE | | ON 15 0001 | | u of Form CMS-: | 2552-10 |
|--|---------------------|-----------------------|--------------|-----------------------------|------------------------|------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS | RVICE OTHER PAS | S Provider C | CN: 15-0004 | Peri od: From 01/01/2021 | Worksheet D Part IV | |
| TIROUGH COSTS | | Component | CCN: 15-S004 | To 12/31/2021 | Date/Time Pre | pared: |
| | | Ti tl e | e XVIII | Subprovi der - | 5/30/2022 8: 0 PPS | 9 pm |
| | 1 | | | IPF | | 1 |
| Cost Center Description | Non Physician | Nursi ng | Nursi ng | Allied Health | Allied Health | |
| | Anesthetist Cost | Program Post-Stepdown | Program | Post-Stepdown Adjustments | | |
| | COST | Adjustments | | Auj us tillerits | | |
| | 1.00 | 2A | 2.00 | 3A | 3. 00 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50. 00 05000 OPERATI NG ROOM | 0 | | | 0 0 | | 50.00 |
| 50. 01 05001 0PEN HEART SURGERY | 0 | | • | 0 0 | 0 | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 0 | | 2 | 0 0 | 0 | 50.02 |
| 51. 00 05100 RECOVERY ROOM | 0 | | 2 | 0 0 | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 1 | 1 | 0 0 | 0 | 53.00 |
| 54. 00 05400 RADI OLOGY - DI AGNOSTI C 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0 | | 1 | 0 0 | 117, 790 | 54. 00 54. 01 |
| 54. 02 05402 ULTRASOUND | | | 1 | 0 0 | 2, 480 1, 240 | 54.01 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | | | 0 0 | 1, 240 | 55.00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | | | | 0 0 | 2, 480 | 55. 00 |
| 57. 00 05700 CT SCAN | | | 1 | | 2, 400 | 57. 00 |
| 58. 00 05800 MRI | 0 | - | 1 | 0 0 | Ö | 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | | | o o | ő | 59.00 |
| 60. 00 06000 LABORATORY | 0 | O | | 0 0 | 225, 368 | 60.00 |
| 60. 01 06001 BL00D LABORATORY | 0 | 0 | | 0 0 | 0 | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | | 0 0 | 43, 974 | 63.00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | |) | 0 0 | 5, 497 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0 | |) | 0 | 118, 128 | 65.00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 1 | 1 | 0 | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 0 | 1 | 0 0 | 0 | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 | - | 1 | 0 0 | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0 | | 1 | 0 0 | 0 | 69.00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 1 | 1 | 0 0 | 0 | 70. 00 71. 00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | | | 1 | 0 0 | 0 | 71.00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | | | | 0 0 | 659, 402 | 73.00 |
| 76. 00 03020 PAIN CLINIC | Ö | - | 1 | 0 0 | 037, 402 | 76.00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | | 1 | | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | Ö | | | o o | Ō | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | C | | 0 0 | 0 | 76. 03 |
| 76. 04 03190 RADIATION ONCOLOGY | 0 | l c | | 0 0 | 0 | 76. 04 |
| 76. 05 03951 MRI | 0 | 0 | | 0 0 | 0 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 | | 0 0 | 0 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0 | O |) | 0 0 | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 0 | 1 | 1 | 0 0 | 0 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0 | 0 | 1 | 0 | 0 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0 | 1 | 1 | 0 0 | 0 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | • | 0 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 0 | 0 | 1 | 0 0 | 0 | 76. 12 |
| 88. 00 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC | 0 | | \ | 0 0 | 0 | 00 00 |
| 88. 00 08800 RURAL HEALTH CLINIC 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | - | • | 0 0 | | 88. 00 89. 00 |
| 90. 00 09000 CLI NI C | 0 | | 1 | 0 0 | | 90.00 |
| | 1 | , , | i . | ., | | |

00000

90. 01 90. 02 90. 03 0

91.00

0 92.00

1, 856, 907 200. 00

680, 548

91.00

90. 01 09001 0CC HEALTH CLINIC 90. 02 09002 CARDIOLOGY CLINIC 90. 03 09003 SPECIALTY CLINIC

09100 EMERGENCY

| Health Fi | nancial Systems | FRANCISCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|-----------|--|----------------------|------------------------------|---------------------|---|---|---------|
| | NMENT OF INPATIENT/OUTPATIENT ANCILLARY SE | | Provider C | | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Pre | |
| | | | · · | XVIII | Subprovi der - | 5/30/2022 8: 0 PPS | 9 pm |
| | | 1 | | | . I PF | | |
| | Cost Center Description | All Other Medical | Total Cost (sum of cols. | Total Outpatient | Total Charges (from Wkst. C, | Ratio of Cost to Charges | |
| | | Education Cost | , | Cost (sum of | | (col. 5 ÷ col. | |
| | | Eddodti oii ooot | 4) | col s. 2, 3, | 8) | 7) | |
| | | | | and 4) | | (see | |
| | | 4.00 | 5. 00 | 4 00 | 7.00 | instructions) | |
| AN | ICILLARY SERVICE COST CENTERS | 4.00 | 5.00 | 6. 00 | 7. 00 | 8. 00 | |
| | 5000 OPERATING ROOM | 0 | 0 | | 0 19, 100, 363 | 0. 000000 | 50.00 |
| 50. 01 05 | 5001 OPEN HEART SURGERY | 0 | 0 | | 0 0 | 0. 000000 | 50. 01 |
| | 0002 OUTPATI ENT SURGERY | 0 | 0 | • | 0 1, 565, 165 | 0. 000000 | 1 |
| | 5100 RECOVERY ROOM | 0 | 0 | | 0 2, 536, 585 | 0.000000 | |
| 1 | 5300 ANESTHESI OLOGY 5400 RADI OLOGY-DI AGNOSTI C | 0 | 0 117, 790 | | 0 6, 865, 313 0 9, 397, 883 | 0. 000000 0. 012534 | |
| 1 | 5401 RADI OLOGY SPECIAL PROCEDURES | 0 | 2, 480 | | | 0. 000383 | 1 |
| 1 | 5402 ULTRASOUND | j o | 1, 240 | | | 0. 000153 | 1 |
| | 5500 RADI OLOGY-THERAPEUTI C | 0 | 0 | 1 | 0 0 | 0.000000 | 1 |
| | 5501 COMPUTED TOMOGRAPHY | 0 | 2, 480 | 2, 48 | 0 35, 311, 683 | 0.000070 | 1 |
| | 5700 CT SCAN | 0 | 0 | | 0 | 0. 000000 | 1 |
| | 5800 MRI | 0 | 0 | | 0 754 1/5 | 0.000000 | |
| | 5900 CARDI AC CATHETERI ZATI ON 5000 LABORATORY | 0 | 225, 368 | | 0 9, 754, 165 8 50, 715, 608 | 0. 000000 0. 004444 | |
| | 5000 LABORATORY | 0 | 225, 300 | 1 | 0 50, 715, 606 0 | 0. 000000 | |
| | 3300 BLOOD STORING, PROCESSING & TRANS. | 0 | 43, 974 | | ٥ | 0. 045193 | |
| | 301 NUCLEAR MEDICINE | 0 | 5, 497 | 5, 49 | | 0.002490 | |
| | 5500 RESPI RATORY THERAPY | 0 | 118, 128 | 118, 12 | 8 7, 616, 330 | 0. 015510 | 65. 00 |
| | 6600 PHYSI CAL THERAPY | 0 | 0 | • | 0 4, 598, 380 | 0. 000000 | 1 |
| | 5700 OCCUPATI ONAL THERAPY | 0 | 0 | l | 0 3, 458, 836 | 0.000000 | |
| | 5800 SPEECH PATHOLOGY 5900 ELECTROCARDI OLOGY | 0 | 0 | • | 0 1, 424, 170 0 10, 300, 425 | 0. 000000 0. 000000 | 1 |
| | 7000 ELECTROEARDI OLOGI 7000 ELECTROENCEPHALOGRAPHY | 0 | 0 | | 0 10, 300, 425 | 0. 000000 | 1 |
| 1 | 7100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | | 0 15, 638, 701 | 0. 000000 | 1 |
| | 200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | | 0 3, 017, 207 | 0.000000 | 1 |
| | 7300 DRUGS CHARGED TO PATIENTS | 0 | 659, 402 | 659, 40 | 2 274, 934, 124 | 0. 002398 | 73. 00 |
| | BO20 PAIN CLINIC | 0 | 0 | • | 0 | 0. 000000 | 1 |
| | 8950 ORTHOPEDI CS 8140 CARDI OVASCULAR SERVI CES | 0 | 0 | | 0 15 227 | 0.000000 | 1 |
| | 8957 CARDI AC REHABI LI TATI ON | 0 | 0 | | 0 15, 337 0 2, 103, 080 | 0. 000000 0. 000000 | |
| | 3190 RADI ATI ON ONCOLOGY | 0 | 0 | | 0 4, 946 | 0. 000000 | 1 |
| | 3951 MRI | 0 | 0 | | 0 6, 006, 573 | 0. 000000 | |
| | 3952 BARIATRIC CENTER | 0 | 0 | | 0 0 | 0. 000000 | |
| | B550 PSYCH ACTIVITY THERAPY | 0 | 0 | | 0 0 | 0. 000000 | |
| | 8953 WOUND CARE | 0 | 0 | | 0 1, 366, 520 0 1, 602, 535 | 0.000000 | |
| | 8954 RENAL DIALYSIS 8955 INFUSION | 0 | 0 | l | 0 1, 602, 535 0 21, 183, 085 | 0. 000000 0. 000000 | |
| | 3956 CARE TRANSITION CENTER | 0 | 0 | | 0 21, 183, 083 | 0. 000000 | |
| | 3958 ANTI COAGULATI ON CLINIC | 0 | 0 | | 0 584, 758 | 0. 000000 | |
| OU | ITPATIENT SERVICE COST CENTERS | | | | | |] |
| | 8800 RURAL HEALTH CLINIC | 0 | 0 | | 0 | 0. 000000 | |
| | 3900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 0 | 0.000000 | |
| | POOO CLINIC POO1 OCC HEALTH CLINIC | 0 | 0 | | | 0. 000000 0. 000000 | |
| | 2002 CARDI OLOGY CLINI C | | 0 | | | 0. 000000 | 1 |
| | 2003 SPECIALTY CLINIC | | 0 | | 0 158 | 0. 000000 | |
| | • | 1 | - | 1 | | | |
| | P100 EMERGENCY | 0 | 680, 548 | 680, 54 | 8 75, 294, 620 | 0. 009038 | 91.00 |
| 91.00 09 | 2100 EMERGENCY 2200 OBSERVATION BEDS (NON-DISTINCT PART Total (lines 50 through 199) | 0 0 | 680, 548 0 1, 856, 907 | | 0 9, 478, 755 | 0.000000 | |

| | <u>Financial Systems</u> TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI | FRANCI SCAN HEAL | Provi der C | CN: 15-0004 | Peri od: | u of Form CMS-2 Worksheet D | 2002 10 |
|------------------|--|------------------------|-------------|----------------------|----------------------------------|--------------------------------|---------|
| | COSTS | ERVICE UIHER PASS | | CCN: 15-S004 | From 01/01/2021 To 12/31/2021 | Part IV Date/Time Pre | pared: |
| | | | Titl∈ | : XVIII | Subprovi der - | 5/30/2022 8: 0 PPS | 9 pm |
| | Cost Center Description | Outpati ent | Inpati ent | Inpati ent | I PF 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) | 10.00 | x col . 10) 11.00 | 12.00 | x col . 12) 13.00 | |
| | ANCILLARY SERVICE COST CENTERS | 9.00 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 50. 00 | 05000 OPERATING ROOM | 0. 000000 | 0 | 1 | 0 0 | 0 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0. 000000 | 0 | | 0 0 | 0 | |
| 50. 02 | 05002 OUTPATIENT SURGERY | 0. 000000 | 0 | 1 | 0 0 | 0 | 50. 02 |
| 51. 00 | 05100 RECOVERY ROOM | 0. 000000 | 0 | | 0 0 | 0 | 51.00 |
| 53. 00 | 05300 ANESTHESI OLOGY | 0. 000000 | 0 | , | 0 0 | 0 | 53.00 |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 0. 012534 | 5, 017 | | 63 0 | 0 | • |
| 54. 01 | 05401 RADI OLOGY SPECIAL PROCEDURES | 0. 000383 | . 0 | 1 | 0 0 | 0 | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 0. 000153 | 1, 349 | | 0 0 | 0 | 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | O | 1 | 0 0 | 0 | 55.00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0. 000070 | 26, 975 | | 2 2, 936 | 0 | 55. 0° |
| 57. 00 | 05700 CT SCAN | 0. 000000 | 0 |) | 0 0 | 0 | 57.00 |
| 58. 00 | 05800 MRI | 0. 000000 | 0 |) | 0 0 | 0 | 58.00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0. 000000 | 0 | | 0 0 | 0 | 59.00 |
| 60.00 | 06000 LABORATORY | 0. 004444 | 206, 366 | 9 | 17 738 | 3 | 60.00 |
| 50. 01 | 06001 BLOOD LABORATORY | 0. 000000 | 0 | 1 | 0 | 0 | 60. 0° |
| 63. 00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 045193 | 0 |) | 0 | 0 | |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0. 002490 | 0 | | 0 | 0 | 63. 01 |
| 65. 00 | 06500 RESPI RATORY THERAPY | 0. 015510 | 815 | 1 | 13 0 | 0 | 65.00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 0. 000000 | 4, 334 | ı | 0 0 | 0 | 66.00 |
| 67.00 | 06700 OCCUPATI ONAL THERAPY | 0. 000000 | 0 | | 0 0 | 0 | 67.00 |
| 68.00 | 06800 SPEECH PATHOLOGY | 0.000000 | 21 070 | | 0 0 | 0 | 68.00 |
| 59.00 | 06900 ELECTROCARDI OLOGY | 0.000000 | 31, 078 | ı | 0 1, 126 | 0 | |
| 70. 00 71. 00 | 07000 ELECTROENCEPHALOGRAPHY | 0.000000 | (202 | | 0 0 184 | 0 | |
| 72.00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS | 0. 000000 0. 000000 | 6, 302 | | 0 184 | 0 | |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS | 0. 002398 | 104, 749 | 2! | | 6 | 73.00 |
| 76. 00 | 03020 PAIN CLINIC | 0. 002378 | 104, 747 | | 0 2,000 | 0 | 76.00 |
| 76. 01 | 03950 ORTHOPEDI CS | 0. 000000 | 0 | | 0 0 | 0 | 76.0 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 0. 000000 | 0 | | 0 0 | 0 | 76. 0 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 0. 000000 | 0 | , | 0 0 | 0 | 76. 03 |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 0. 000000 | 0 | 1 | 0 0 | 0 | 1 |
| 76. 05 | 03951 MRI | 0. 000000 | 8, 428 | | 0 0 | 0 | |
| 76. 06 | 03952 BARI ATRI C CENTER | 0. 000000 | . 0 | 1 | 0 0 | 0 | 76.06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | 0 | , | 0 0 | 0 | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 0. 000000 | 0 |) | 0 0 | 0 | 76. 08 |
| 76. 09 | 03954 RENAL DIALYSIS | 0. 000000 | 0 |) | 0 1, 349 | 0 | 76. 09 |
| 76. 10 | 03955 I NFUSI ON | 0. 000000 | 2, 813 | | 0 0 | 0 | 76. 10 |
| | 03956 CARE TRANSITION CENTER | 0. 000000 | 0 |) | 0 0 | | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATI ON CLINIC | 0. 000000 | 0 | | 0 0 | 0 | 76. 12 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 | 08800 RURAL HEALTH CLINIC | 0. 000000 | 0 | 1 | 0 0 | 0 | |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | 0 | 1 | 0 0 | 0 | |
| | 09000 CLINIC | 0. 000000 | 0 | 1 | 0 | 0 | |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0. 000000 | 0 | 1 | 0 | 0 | |
| | 09002 CARDI OLOGY CLI NI C | 0.000000 | 0 | 1 | 0 | 0 | |
| 90. 03 | l l | 0.000000 | 145 (22 | 1 | 0 | 120 | |
| | 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0.009038 | 145, 698 | 1, 3 | 17 15, 366 | 139 0 | |
| 41 (III) | IUSZUULUKSEKVALLUN KEUS (NON-DISTINCI PARI | 0. 000000 | () | 11 | () | | . 47 11 |

0.000000

543, 924

2, 563

0 92.00 148 200.00

| | | Title | xVIII | Subprovi der - | PPS | y pili |
|---|------------------------|---------------|---------------|----------------|--------------|-------------------|
| | | | | . I PF | | |
| | | | Charges | _ | Costs | |
| Cost Center Description | Cost to Charge | | | Cost | PPS Services | |
| | | Services (see | Rei mbursed | Rei mbursed | (see inst.) | |
| | Worksheet C, | inst.) | Servi ces | Services Not | | |
| | Part I, col. 9 | | Subject To | Subject To | | |
| | | | Ded. & Coins. | Ded. & Coins. | | |
| | 1.00 | 0.00 | (see inst.) | (see inst.) | | |
| ANOLLI ADV. CEDVILOE, COCT. CENTEDO | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| ANCILLARY SERVICE COST CENTERS | 0.2505/1 | | 1 | | 0 | |
| 50. 00 05000 OPERATI NG ROOM | 0. 358561 | 0 | • | | 0 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | 0 | | | 0 | 50. 01 |
| 50. 02 05002 OUTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM | 2. 497660 | 0 | 1 | | 0 | 50. 02 |
| | 0. 197557 | 0 | (| | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0. 712353 0. 540862 | 0 | | | 0 | 53. 00 54. 00 |
| 54. 00 05400 RADI OLOGY - DI AGNOSTI C 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 223842 | 0 | | | 0 | 54. 00 |
| 54. 02 05402 ULTRASOUND | 0. 148196 | | | | 0 | 54. 01 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | 0 | | | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0. 064981 | 2, 936 | • | | 191 | 55. 01 |
| 57. 00 05700 CT SCAN | 0. 000000 | 2, 730 | 1 | | 0 | 57. 00 |
| 58. 00 05800 MRI | 0. 000000 | ٥ | • | | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0. 108098 | ٥ | | | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 0. 191135 | 738 | | | 141 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0. 000000 | 0 | | | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 050741 | Ö | | | 0 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0. 325731 | 0 | | | 0 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0. 529804 | l o | | | 0 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0. 948443 | 0 | | | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 266542 | l o | | | 0 | 67. 00 |
| 68.00 06800 SPEECH PATHOLOGY | 0. 631537 | 0 | | | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 029673 | 1, 126 | | 0 | 33 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | 0 | (| 0 | 0 | 70. 00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 642411 | 184 | | 0 | 118 | 71. 00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0. 638815 | 0 | (| 0 | 0 | 72. 00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0. 145717 | 2, 683 | | 0 | 391 | 73. 00 |
| 76.00 03020 PAIN CLINIC | 0. 000000 | 0 | (| 0 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 0. 000000 | 0 | (| 0 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 167. 472974 | 0 | (| 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0. 766659 | 0 | (| | 0 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 445. 088354 | 0 | | | 0 | 76. 04 |
| 76. 05 03951 MRI | 0. 124900 | 0 | (| | 0 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0. 000000 | 0 | (| | 0 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | 0 | (| | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 1. 154247 | 0 | | - | 0 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 1. 423566 | 1, 349 | | | 1, 920 | |
| 76. 10 03955 I NFUSI ON | 0. 206767 | 0 | (| | 0 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0.000000 | 0 | | | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATION CLINIC OUTPATIENT SERVICE COST CENTERS | 0. 976996 | 0 | (|) 0 | 0 | 76. 12 |
| | | | I | | | 00 00 |
| 88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | | | | | 88. 00 89. 00 |
| 90. 00 09000 FEDERALLY QUALIFFED HEALTH CENTER 90. 00 09000 CLINI C | 0. 000000 | 0 | | 0 | 0 | 1 |
| 90. 01 09001 0CC HEALTH CLINIC | 0. 000000 | | • | | 0 | 90.00 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0. 000000 | | | | 0 | 90.01 |
| 90. 03 09003 SPECIALTY CLINIC | 299. 474684 | | | | 0 | 90.02 |
| 91. 00 09100 EMERGENCY | 0. 162161 | 15, 366 | | | 2, 492 | • |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 1. 048601 | 13,300 | | | 2, 472 N | 92.00 |
| 200.00 Subtotal (see instructions) | 1.040001 | 24, 382 | | | 5 286 | 200. 00 |
| 201.00 Less PBP Clinic Lab. Services-Program | | 27, 302 | | | 5, 200 | 201. 00 |
| Only Charges | | | | | | |
| 202.00 Net Charges (line 200 - line 201) | | 24, 382 | | 0 | 5, 286 | 202. 00 |
| | • | - | • | | | • |

| | | Ti tl e | × XVIII | Subprovi der - | PPS | |
|--|---------------------|---------------------|----------|----------------|-----|----------|
| | | | 1 | I PF | | |
| Cost Contar Dosarintian | Cost | sts Cost | + | | | |
| Cost Center Description | Rei mbursed | Rei mbursed | | | | |
| | Servi ces | Servi ces Not | | | | |
| | Subject To | Subject To | | | | |
| | Ded. & Coins. | Ded. & Coins. | | | | |
| | | | | | | |
| | (see inst.) 6.00 | (see inst.) 7.00 | 1 | | | |
| ANCILLARY SERVICE COST CENTERS | 0.00 | 7.00 | | | | |
| 50. 00 05000 0PERATI NG ROOM | 1 0 | | | | | 50.00 |
| 50. 00 05000 0FERATTING ROOM 50. 01 05001 0PEN HEART SURGERY | | | 1 | | | 50.00 |
| 50. 02 05002 01PATI ENT SURGERY | | | 1 | | | 50.01 |
| | | | | | | 1 |
| 51. 00 05100 RECOVERY ROOM | | | | | | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | | | <u>'</u> | | | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | | | | | 54.00 |
| 54. 01 05401 RADI OLOGY SPECIAL PROCEDURES | 0 | 1 | <u>'</u> | | | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0 | _ | ? | | | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 1 | 2 | | | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | 0 | 2 | | | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | |) | | | 57. 00 |
| 58. 00 05800 MRI | 0 | 1 |) | | | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | |) | | | 59. 00 |
| 60. 00 06000 LABORATORY | 0 | |) | | | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | _ |) | | | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 1 |) | | | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | 0 |) | | | 63. 01 |
| 65. 00 06500 RESPIRATORY THERAPY | 0 | 0 | | | | 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 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0 | 0 | | | | 69. 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 | 0 | 0 | | | | 72.00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0 | 0 | | | | 73.00 |
| 76. 00 03020 PAIN CLINIC | 0 | 0 | | | | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | o o | | | | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0 | 0 | | | | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | 0 | | | | 76. 03 |
| 76. 04 03190 RADIATION ONCOLOGY | 0 | 0 | | | | 76. 04 |
| 76. 05 03951 MRI | 0 | 0 | | | | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 | | | | 76.06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | | | | 76. 07 |
| 76. 08 03953 WOUND CARE | 0 | 0 | | | | 76. 08 |
| 76. 09 03954 RENAL DIALYSIS | 0 | 0 | | | | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0 | | | | | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | | | | | 76, 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 0 | • | | | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | 1 |
| 88. 00 08800 RURAL HEALTH CLINIC | | | | | | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | | | | | 89. 00 |
| 90. 00 09000 CLINIC | 0 | | | | | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | | | 1 | | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | | 1 | 1 | | | 90. 02 |
| 90. 03 09003 SPECI ALTY CLINI C | | | 1 | | | 90. 02 |
| 91. 00 09100 EMERGENCY | | | 1 | | | 91.00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | 1 | | | 92.00 |
| 200.00 Subtotal (see instructions) | | | 1 | | | 200.00 |
| 201.00 Less PBP Clinic Lab. Services-Program | | 1 | 7 | | | 201.00 |
| Only Charges | | 1 | | | | 201.00 |
| 202.00 Net Charges (line 200 - line 201) | 0 | 0 | | | | 202. 00 |
| | 1 | ' | 1 | | | ,_02. 00 |

| APPORTI ONMENT OF MEDICAL, OTHER HEALTH | SERVICES AND VACCINE COST | Provider CO | CN: 15-0004 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Pre 5/30/2022 8:0 | pared: |
|---|---------------------------------|---|--------------|---|---|------------------|
| | | Ti tl | e XIX | Hospi tal | Cost | , p |
| | | | Charges | <u> </u> | Costs | |
| Cost Center Description | Cost to Charge | PPS Reimbursed | Cost | Cost | PPS Services | |
| | Ratio From | Services (see | Rei mbursed | Rei mbursed | (see inst.) | |
| | Worksheet C, | inst.) | Servi ces | Services Not | | |
| | Part I, col. 9 | | Subject To | Subject To | | |
| | | | Ded. & Coins | | | |
| | | | (see inst.) | (see inst.) | | |
| ANOLULARY OFRIVERS COOT OFFITTERS | 1.00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| ANCILLARY SERVICE COST CENTERS | 0.2505/1 | 4.0// 200 | | | 1 450 045 | F0 00 |
| 50. 00 05000 OPERATI NG ROOM | 0. 358561 | | | 0 | | 1 |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | | | 0 0 | 0 | |
| 50. 02 05002 0UTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM | 2. 497660 | | | 0 0 | 2, 255 | 1 |
| 53. 00 05300 ANESTHESI OLOGY | 0. 197557 | 1 | | 0 0 | 02 504 | 51. 00 53. 00 |
| 1 1 | 0. 712353 | | | 0 0 | | 1 |
| • | 0. 540862 | | | 0 0 | , | 1 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDUR 54. 02 05402 ULTRASOUND | ES 0. 223842 0. 148196 | | | 0 0 | 318, 270 116, 385 | 1 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | | | 0 0 | 110, 363 | 1 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0. 064981 | l e | | 0 0 | 1 | |
| 57. 00 05700 CT SCAN | 0. 000000 | 1 | | 0 0 | 250, 745 | 1 |
| 58. 00 05800 MRI | 0. 000000 | I . | | 0 0 | · | 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0. 108098 | | | 0 0 | 131, 159 | |
| 60. 00 06000 LABORATORY | 0. 191135 | | | 0 0 | | |
| 60. 01 06000 EABORATORY | 0. 000000 | | | 0 0 | 1 | 1 |
| 63. 00 06300 BLOOD STORING, PROCESSING | | | | 0 0 | · | |
| 63. 01 06300 DEGGD STORTING, TROCESSTING N | 0. 325731 | | | | l | |
| 65. 00 06500 RESPIRATORY THERAPY | 0. 529804 | | | | 0 | 1 |
| 66. 00 06600 PHYSI CAL THERAPY | 0. 948443 | I . | | | 568, 716 | |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 266542 | | | 0 0 | 179, 411 | |
| 68. 00 06800 SPEECH PATHOLOGY | 0. 631537 | | | | 175, 746 | |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 029673 | | | o o | 0 | 1 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | l e | | o o | 0 | 1 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO | | l . | | 0 0 | | 71. 00 |
| 72.00 07200 I MPL. DEV. CHARGED TO PATI | | l . | | 0 0 | 0 | 1 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0. 145717 | l . | | 0 0 | 2, 224, 386 | 73. 00 |
| 76.00 03020 PAIN CLINIC | 0. 000000 | | | 0 0 | 0 | 1 |
| 76. 01 03950 ORTHOPEDI CS | 0. 000000 | 0 | | 0 0 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 167. 472974 | 0 | | 0 0 | 0 | 76. 02 |
| 76. 03 03957 CARDIAC REHABILITATION | 0. 766659 | 662, 276 | | 0 0 | 507, 740 | 76. 03 |
| 76. 04 03190 RADIATION ONCOLOGY | 445. 088354 | 0 | | 0 0 | 0 | 76. 04 |
| 76. 05 03951 MRI | 0. 124900 | 0 | | 0 0 | 0 | 76. 05 |
| 76.06 03952 BARI ATRI C CENTER | 0. 000000 | 0 | | 0 0 | 0 | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | 0 | | 0 | 0 | 76. 07 |
| 76.08 03953 WOUND CARE | 1. 154247 | 0 | | 0 | 0 | 76. 08 |
| 76. 09 03954 RENAL DIALYSIS | 1. 423566 | I . | | 0 | 0 | |
| 76. 10 03955 I NFUSI ON | 0. 206767 | | | 0 | 121, 437 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0. 000000 | | | 0 | 0 | |
| 76. 12 03958 ANTI COAGULATION CLINIC | 0. 976996 | 0 | | 0 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | T | | I | |
| 88. 00 08800 RURAL HEALTH CLINIC | OFNITED | | | | | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH | • | | | | | 89. 00 |
| 90. 00 09000 CLI NI C | 0. 000000 | | | 0 | | |
| 90. 01 09001 0CC HEALTH CLINIC | 0. 000000 | l l | | 0 0 | 0 | |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0. 000000 | | | 0 0 | 0 | |
| 90. 03 09003 SPECIALTY CLINIC 91. 00 09100 EMERGENCY | 299. 474684 | P | | 0 0 | 127 042 | |
| 91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON-DI ST | 0. 162161 NCT PART 1. 048601 | 1 | | | | 91.00 |
| 1 | 1 | l . | | 0 0 | l | |
| 200.00 Subtotal (see instructions 201.00 Less PBP Clinic Lab. Servio | | 31, 956, 275 | | 0 0 | 0,0/1,3/2 | 200.00 |
| Only Charges | Ses-i i ugi aili | | | ا | | 201.00 |
| 202.00 Net Charges (line 200 - li | ne 201) | 31, 956, 275 | | 0 0 | 6, 671, 572 | 202.00 |
| 1 1 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 | , , | , | 1 | , | ,, ., . | |

Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0004 Peri od: Worksheet D From 01/01/2021 Part V Date/Time Prepared: 12/31/2021 5/30/2022 8:09 pm Title XIX Hospi tal Cost 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 0 50.00 50. 01 05001 OPEN HEART SURGERY 0 50.01 50. 02 05002 OUTPATIENT SURGERY 0 50 02 51.00 05100 RECOVERY ROOM 0 51.00 53. 00 05300 ANESTHESI OLOGY 0 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00

000000 09003 SPECIALTY CLINIC 90. 03 0 90.03 09100 EMERGENCY 0 91 00 91 00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 92.00 200.00 Subtotal (see instructions) 200.00 Less PBP Clinic Lab. Services-Program 0 201.00 201.00 Only Charges 202.00 Net Charges (line 200 - line 201) 0 202.00

| Heal th | Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|------------------|---|-----------------------------|---|-----------------------------|--|--|-------------------|
| | IONMENT OF INPATIENT ANCILLARY SERVICE CAPIT | | Provi der C | CN: 15-0004 CCN: 15-S004 | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet D Part II Date/Time Pre 5/30/2022 8:0 | |
| | | | Titl | e XIX | Subprovi der – I PF | PPS | |
| | Cost Center Description | Capi tal | Total Charges | | t Inpatient | Capital Costs | |
| | | Related Cost (from Wkst. B, | (from Wkst. C, Part I, col. | to Charges (col. 1 ÷ col | Program . Charges | (column 3 x column 4) | |
| | | Part II, col. | 8) | 2) | Charges | cordiiir 4) | |
| | | 26) | , | | | | |
| | ANCILLARY SERVICE COST CENTERS | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| 50. 00 | 05000 OPERATING ROOM | 2, 904, 477 | 19, 100, 363 | 0. 15206 | 64 0 | 0 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | | 1 | | 0 | 50. 01 |
| 50. 02 | 05002 OUTPATI ENT SURGERY | 2, 084, 872 | | | | 0 | 50. 02 |
| 51.00 | 05100 RECOVERY ROOM | 80, 040 | | 1 | | 0 | |
| 53.00 | 05300 ANESTHESI OLOGY | 88, 822 | | 1 | | 0 | |
| 54.00 | 05400 RADI OLOGY - DI AGNOSTI C | 1, 923, 829 | | | | 0 | |
| 54. 01 54. 02 | 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND | 427, 231 312, 052 | | | | 0 | |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 312,032 | | 0.00000 | | 0 | |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 853, 704 | 1 | 1 | | 0 | 1 |
| 57. 00 | 05700 CT SCAN | 0 | | 1 | | 0 | 1 |
| 58.00 | 05800 MRI | 0 | c | 1 | | 0 | 58. 00 |
| 59.00 | 05900 CARDI AC CATHETERI ZATI ON | 556, 921 | 9, 754, 165 | 0.05709 | 96 0 | 0 | 59. 00 |
| 60.00 | 06000 LABORATORY | 1, 126, 459 | 50, 715, 608 | 1 | | 0 | |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | - | | | 0 | |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 1, 953 | | | | 0 | 1 |
| 63. 01 65. 00 | 06301 NUCLEAR MEDICINE | 313, 576 | | | | 0 | |
| 66. 00 | 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY | 590, 117 1, 005, 642 | | | | 0 | |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 110, 639 | | 1 | | 0 | |
| 68. 00 | 06800 SPEECH PATHOLOGY | 295, 717 | | 1 | | 0 | |
| 69.00 | 06900 ELECTROCARDI OLOGY | 171, 064 | | 1 | | 0 | 1 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 122, 203 | C | 0.00000 | | 0 | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 802, 819 | | | | 0 | |
| 72.00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | 153, 180 | | | | 0 | |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | 1, 611, 453 | | | | 0 | |
| 76.00 | 03020 PAIN CLINIC | 0 | 1 | | | 0 | |
| 76. 01 | 03950 ORTHOPEDI CS | 60, 586 | | | | 0 | |
| 76. 02 76. 03 | 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON | 767, 911 209, 996 | | 1 | | 0 | |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 1, 196, 583 | | 1 | | 0 | |
| 76. 05 | 03951 MRI | 297, 055 | | 1 | | 0 | |
| 76.06 | 03952 BARI ATRI C CENTER | 0 | | 1 | | 0 | 1 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | c | 0.00000 | 00 | 0 | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 459, 764 | | | | 0 | |
| 76. 09 | 03954 RENAL DI ALYSI S | 841, 677 | | 1 | | 0 | |
| | 03955 NFUSI ON | 314, 085 | | | | 0 | |
| | 03956 CARE TRANSITION CENTER | 0 | | 0.00000 | | 0 | |
| 76. 12 | 03958 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS | 13, 211 | 584, 758 | 0. 02259 | 92 0 | 0 | 76. 12 |
| 88. 00 | 08800 RURAL HEALTH CLINIC | T 0 | | 0.00000 | 00 00 | 0 | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | Ö | 1 | 0. 00000 | | 0 | 1 |
| 90.00 | 09000 CLINIC | 0 | | 0. 00000 | | 0 | 1 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 9, 764 | | 0. 00000 | | 0 | 1 |
| 90. 02 | 09002 CARDI OLOGY CLINI C | 0 | C | 0. 00000 | 00 | 0 | |
| 90. 03 | 09003 SPECIALTY CLINIC | 953 | l e e e e e e e e e e e e e e e e e e e | 1 | | 0 | |
| 01 00 | 09100 EMERGENCY | 1, 653, 677 | | | | 0 | |
| | DOGGO ODCEDIATION DEDC (NOV. DICTIVICE TITE | | | | | | |
| | 09200 OBSERVATION BEDS (NON-DISTINCT PART Total (lines 50 through 199) | 21, 362, 032 | | | 00 | 0 | 92. 00 200. 00 |

| Health Financial Systems APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S | FRANCISCAN HEA ERVICE OTHER PASS | | CN: 15-0004 | Peri od: | u of Form CMS-: Worksheet D | |
|--|-------------------------------------|---------------|--------------|----------------------------------|---|--------|
| THROUGH COSTS | | | CCN: 15-S004 | From 01/01/2021 To 12/31/2021 | Part IV Date/Time Pre 5/30/2022 8:0 | pared: |
| | | Ti tl | e XIX | Subprovi der - | PPS | , piii |
| Cost Center Description | Non Physician | Nursi ng | Nursi ng | Allied Health | Allied Health | |
| | Anesthetist | Program | Program | Post-Stepdown | | |
| | Cost | Post-Stepdown | | Adjustments | | |
| | | Adjustments | | | | |
| | 1.00 | 2A | 2.00 | 3A | 3. 00 | |
| ANCI LLARY SERVI CE COST CENTERS | | | | | | |
| 50. 00 05000 OPERATI NG ROOM | 0 | - | | 0 0 | 0 | |
| 50. 01 05001 OPEN HEART SURGERY | 0 | | | 0 0 | 0 | |
| 50. 02 05002 0UTPATI ENT SURGERY | 0 | 0 | | 0 | 0 | |
| 51. 00 05100 RECOVERY ROOM | 0 | 0 | | 0 | 0 | |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 0 | | 0 | 0 | |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | 0 | | 0 | 117, 790 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0 | 0 | | 0 | 2, 480 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0 | 0 | | 0 0 | 1, 240 | 54.02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | | 0 0 | 0 | 55.00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | 0 | | 0 0 | 2, 480 | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | 0 | | 0 0 | 0 | 57.00 |
| 58. 00 05800 MRI | 0 | 0 | | 0 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | | 0 0 | 0 | 59.00 |
| 60. 00 06000 LAB0RAT0RY | 0 | 0 | | 0 0 | 225, 368 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | 0 | | 0 0 | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | | 0 0 | 43, 974 | 63.00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | 0 | | 0 0 | 5, 497 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0 | 0 | | 0 0 | 118, 128 | 65.00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 0 | | 0 0 | 0 | 66.00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 0 | | 0 0 | 0 | 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 | 0 | | 0 0 | 0 | 68.00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0 | 0 | | 0 0 | 0 | |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 0 | | 0 0 | 0 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | | 0 | 0 | |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | | 0 | 0 | |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 0 | 0 | | 0 | 659, 402 | 73.00 |
| 76. 00 03020 PAIN CLINIC | 0 | 0 | | 0 0 | 0 | 76.00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | 0 | | 0 0 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0 | 0 | | 0 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | 0 | | 0 0 | 0 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0 | 0 | | 0 0 | 0 | |
| 76. 05 03951 MRI | 0 | 0 | | 0 0 | 0 | |
| 76. 06 03952 BARI ATRI C CENTER | 0 | 0 | | 0 | 0 | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | | 0 | 0 | |
| 76. 08 03953 WOUND CARE | 0 | 0 | | 0 0 | 0 | 76. 08 |
| 76. 09 03954 RENAL DIALYSIS | 0 | o | | 0 | 0 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0 | o | | 0 | 0 | |
| 76.11 03956 CARE TRANSITION CENTER | 0 | 0 | | 0 0 | 0 | 76. 11 |
| 76 12 03958 ANTI COAGUI ATLON CLINIC | | ا ما | | | 0 | 76 12 |

0

0 0 0

0 0 0

76. 12

89. 00

90.00

90. 01 90. 02 90. 03 0

91.00

0 88.00

0

0 92.00

1, 856, 907 200. 00

680, 548

76. 12 88.00

89. 00

91.00

90. 00 09000 CLINIC

90. 01 09001 0CC HEALTH CLINIC 90. 02 09002 CARDIOLOGY CLINIC 90. 03 09003 SPECIALTY CLINIC

09100 EMERGENCY

03954 RENAL DIALYSIS
03955 INFUSION
03956 CARE TRANSITION CENTER
03958 ANTICOAGULATION CLINIC
0UTPATIENT SERVICE COST CENTERS
08800 RURAL HEALTH CLINIC
08900 FEDERALLY QUALIFIED HEALTH CENTER

| Health Financial Systems | FRANCISCAN HEA | ALTH HAMMOND | | In lie | u of Form CMS-2 | 2552-10 |
|--|----------------|--------------------|--------------------------|--|---|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEITHROUGH COSTS | | S Provider C | | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Pre | pared: |
| | | Titl | e XIX | Subprovi der - | 5/30/2022 8: 0 PPS | 9 pm |
| Cost Center Description | All Other | Total Cost | Total | Total Charges | Ratio of Cost | |
| | Medical | (sum of cols. | Outpatient | (from Wkst. C, | to Charges | |
| | Education Cost | 1, 2, 3, and 4) | Cost (sum of cols. 2, 3, | 8) | (col. 5 ÷ col. 7) | |
| | | | and 4) | | (see | |
| | 4. 00 | 5.00 | 6.00 | 7. 00 | instructions) 8.00 | |
| ANCILLARY SERVICE COST CENTERS | 4.00 | 3.00 | 0.00 | 7.00 | 0.00 | |
| 50. 00 05000 OPERATING ROOM | 0 | - | 1 | 0 19, 100, 363 | 0. 000000 | 1 |
| 50. 01 05001 0PEN HEART SURGERY 50. 02 05002 0UTPATI ENT SURGERY | 0 0 | 1 | 1 | 0 0 1, 565, 165 | 0. 000000 0. 000000 | 1 |
| 51. 00 05100 RECOVERY ROOM | | | 1 | 0 2, 536, 585 | 0. 000000 | 1 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | O | | 0 6, 865, 313 | 0. 000000 | |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | | | | 0. 012534 | 1 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 54. 02 05402 ULTRASOUND | 0 | 2, 480 1, 240 | | | 0. 000383 0. 000153 | 1 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | 1 | 0 0,070,409 | 0. 000000 | 1 |
| 55.01 05501 COMPUTED TOMOGRAPHY | 0 | 2, 480 | 2, 48 | 0 35, 311, 683 | 0. 000070 | 1 |
| 57. 00 05700 CT SCAN | 0 | 0 | | 0 | 0.000000 | 1 |
| 58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | | 0 0 9, 754, 165 | 0. 000000 0. 000000 | 1 |
| 60. 00 06000 LABORATORY | 0 | 225, 368 | | | 0. 004444 | |
| 60. 01 06001 BLOOD LABORATORY | 0 | 0 | | 0 0 | 0. 000000 | 1 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE | 0 0 | 43, 974 5, 497 | | | 0. 045193 0. 002490 | 1 |
| 65. 00 06500 RESPIRATORY THERAPY | | | | | 0.002490 | |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 0 | | 0 4, 598, 380 | 0. 000000 | |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 0 | | 0 3, 458, 836 | 0. 000000 | |
| 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY | 0 | 0 | 1 | 0 1, 424, 170 0 10, 300, 425 | 0. 000000 0. 000000 | |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | | | | 0 10, 300, 423 | 0. 000000 | |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | O | | 0 15, 638, 701 | 0. 000000 | |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | | 0 3, 017, 207 | 0.000000 | |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03020 PAIN CLINIC | 0 | 659, 402 0 | 1 | 2 274, 934, 124 0 0 | 0. 002398 0. 000000 | |
| 76. 01 03950 ORTHOPEDI CS | 0 | 1 | 1 | 0 0 | 0. 000000 | |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0 | 0 | | 0 15, 337 | 0. 000000 | |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | 0 | | 0 2, 103, 080 | 0.000000 | |
| 76. 04 03190 RADIATION ONCOLOGY 76. 05 03951 MRI | 0 | | | 0 4, 946 0 6, 006, 573 | 0. 000000 0. 000000 | |
| 76. 06 03952 BARI ATRIC CENTER | Ö | Ö | | 0 0 | 0. 000000 | 1 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | | 0 0 | 0. 000000 | |
| 76. 08 03953 WOUND CARE 76. 09 03954 RENAL DI ALYSI S | 0 | 0 | 1 | 0 1, 366, 520 0 1, 602, 535 | 0. 000000 0. 000000 | |
| 76. 10 03955 NFUSI ON | | | | 0 21, 183, 085 | 0. 000000 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | O | | 0 | 0. 000000 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 0 | 0 | | 0 584, 758 | 0. 000000 | 76. 12 |
| 0UTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC | 1 0 | 0 | | 0 0 | 0. 000000 | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | Ö | | l . | 0 0 | 0. 000000 | |
| 90. 00 09000 CLI NI C | 0 | 0 | | 0 0 | 0. 000000 | |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | 0 | | 0 0 | 0.000000 | 1 |
| 90. 02 09002 CARDI OLOGY CLINI C 90. 03 09003 SPECI ALTY CLINI C | 0 | | | 0 158 | 0. 000000 0. 000000 | |
| 91. 00 09100 EMERGENCY | 0 | 680, 548 | 680, 54 | | 0. 009038 | |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0 | - | | 0 9, 478, 755 | | 1 |
| 200.00 Total (lines 50 through 199) | 0 | 1, 856, 907 | 1, 856, 90 | 7 591, 623, 472 | I | 200. 00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S FHROUGH COSTS | ERVICE OTHER PASS | | CN: 15-0004 | | n 01/01/2021 | Worksheet D Part IV | |
|--|-----------------------------|--------------------|---------------------|-----|--------------------|-------------------------------|------------------|
| | | · · | CCN: 15-S004 | То | 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | |
| | | Ti tl | e XIX | Suk | bprovider - IPF | PPS | |
| Cost Center Description | Outpati ent | Inpati ent | Inpati ent | (| Outpati ent | Outpati ent | |
| | Ratio of Cost to Charges | Program Charges | Program Pass-Throug | h | Program Charges | Program Pass-Through | |
| | (col. 6 ÷ col. | g | Costs (col. | | 9 | Costs (col. 9 | |
| | 7) 9. 00 | 10.00 | x col. 10) | | 12.00 | x col . 12) 13.00 | |
| ANCILLARY SERVICE COST CENTERS | 7.00 | 10.00 | 11.00 | | 12.00 | 13.00 | |
| 50. 00 05000 OPERATING ROOM | 0. 000000 | C | | 0 | 0 | 0 | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | C | 1 | 0 | 0 | 0 | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY 51. 00 05100 RECOVERY ROOM | 0. 000000 0. 000000 | (| 1 | 0 | 0 | 0 | 50. 02 51. 00 |
| 51. 00 05100 RECOVERY ROOM 53. 00 05300 ANESTHESI OLOGY | 0. 000000 | C | | 0 | ol Ol | 0 | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0. 012534 | C | 1 | 0 | 0 | 0 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 000383 | C | 1 | 0 | ō | 0 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0. 000153 | C | | 0 | 0 | 0 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | C | 1 | 0 | 0 | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0. 000070 | C | | 0 | 0 | 0 | 55. 01 |
| 57. 00 05700 CT SCAN | 0. 000000 | (| 1 | 0 | 0 | 0 | 57.00 |
| 58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0. 000000 0. 000000 | (| 1 | 0 | 0 | 0 | 58. 00 59. 00 |
| 50. 00 06000 LABORATORY | 0. 004444 | C | 1 | 0 | 0 | 0 | 60.00 |
| 50. 01 06001 BLOOD LABORATORY | 0. 000000 | Č | 1 | 0 | Ö | 0 | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 045193 | C | | 0 | О | 0 | 63.00 |
| 33. 01 06301 NUCLEAR MEDICINE | 0. 002490 | C | 1 | 0 | 0 | 0 | 63. 01 |
| 55. 00 06500 RESPIRATORY THERAPY | 0. 015510 | C | 1 | 0 | 0 | 0 | 65. 00 |
| 56. 00 06600 PHYSI CAL THERAPY | 0. 000000 | (| 1 | 0 | 0 | 0 | 66.00 |
| 67. 00 06700 0CCUPATIONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY | 0. 000000 0. 000000 | C | 1 | 0 | 0 | 0 | 67. 00 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 000000 | C | | 0 | Ö | 0 | 69.00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | Č | | 0 | O | 0 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 000000 | C | | 0 | 0 | 0 | 71. 00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0. 000000 | C | 1 | 0 | 0 | 0 | 72. 00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0. 002398 | C | 1 | 0 | 0 | 0 | 73.00 |
| 76. 00 03020 PALN CLINIC 76. 01 03950 ORTHOPEDICS | 0. 000000 0. 000000 | (| 1 | 0 | 0 | 0 | 76. 00 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0. 000000 | (| 1 | 0 | 0 | 0 | 76. 01 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0. 000000 | Č | 1 | 0 | Ö | 0 | 76. 03 |
| 76.04 03190 RADIATION ONCOLOGY | 0. 000000 | C | | 0 | 0 | 0 | 76. 04 |
| 76. 05 03951 MRI | 0. 000000 | C | 1 | 0 | 0 | 0 | 76. 05 |
| 76. 06 03952 BARIATRIC CENTER | 0. 000000 | C | 1 | 0 | 0 | 0 | 76.06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY 76. 08 03953 WOUND CARE | 0. 000000 | (| 1 | 0 | 0 | 0 | 76.07 |
| 76. 08 03953 WOUND CARE 76. 09 03954 RENAL DIALYSIS | 0. 000000 0. 000000 | C | | 0 | 0 | 0 | 76. 08 76. 09 |
| 76. 10 03955 NEUSLON | 0. 000000 | (| 1 | 0 | 0 | 0 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0. 000000 | Č | 1 | 0 | Ö | - | 76. 11 |
| 76. 12 03958 ANTICOAGULATION CLINIC | 0. 000000 | C | | 0 | 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | _ | | | |
| 38. 00 08800 RURAL HEALTH CLINIC | 0.000000 | 0 | 1 | 0 | 0 | | 88. 00 |
| 39.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 0. 000000 | (| () | 0 | 0 | 0 | 89. 00 90. 00 |
| 20. 01 09001 0CC HEALTH CLINIC | 0. 000000 | (| ál | 0 | 0 | 0 | |
| 00. 02 09002 CARDI OLOGY CLI NI C | 0. 000000 | (| | Ö | ő | 0 | |
| 90. 03 09003 SPECIALTY CLINIC | 0. 000000 | Č | o | 0 | o | 0 | |
| 91. 00 09100 EMERGENCY | 0. 009038 | C |) | 0 | О | 0 | |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 000000 | C | | 0 | 0 | | 92. 00 |
| 200.00 Total (lines 50 through 199) | | C |)i | 0 | 0 | 0 | 200.00 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS- | 2552-10 |
|---|---------------------------|-----------------------------|-----------------------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet D-1 | |
| | | | Date/Time Pre 5/30/2022 8:0 | pared: 9 pm |
| | Title XVIII | Hospi tal | PPS | <u> </u> |
| Cost Center Description | | | | |
| | | | 1. 00 | |

| Impattent days (Including private room days, excluding saling-bed and newborn days) 15,423 2,00 | | | Title XVIII | Hospi tal | PPS | , p |
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| 27. 00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) PRI VATE ROOM DIFFERENTI AL ADJUSTMENT 28. 00 General inpatient routine service charges (excluding swing-bed and observation bed charges) Pri vate room charges (excluding swing-bed charges) Semi-pri vate room charges (excluding swing-bed charges) 30. 00 Semi-pri vate room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 30. 00 Average pri vate room per diem charge (line 29 + line 3) 32. 00 Average semi-pri vate room per diem charge (line 30 + line 4) Average per diem pri vate room charge differential (line 32 minus line 33) (see instructions) 34. 00 Average per diem pri vate room cost differential (line 34 x line 31) 36. 00 Average per diem pri vate room cost differential (line 34 x line 35) Pri vate room cost differential adjustment (line 3 x line 35) 37. 00 General inpatient routine service cost net of swing-bed cost and pri vate room cost differential (line 40, 161, 385) Adjusted general inpatient routine service cost per diem (see instructions) Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) 40. 00 9, 754, 547 940. 00 | 26 00 | | | | 0 | 26 00 |
| PRI VATE ROOM DIFFERENTIAL ADJUSTMENT 28.00 29.00 Private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385 37.00 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS Adjusted general inpatient routine service cost per diem (see instructions) 38.00 Average general inpatient routine service cost (line 9 x line 38) 9, 754, 547 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 28.00 0 29.00 20.00 2 | | , | (line 21 minus line 26) | | 40 161 385 | |
| 29.00 Private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385) 37.00 PART II - HOSPITAL AND SUBPROVI DERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 29.00 29.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 31.00 0.00 32 | 27.00 | | (1110 21 111110 20) | | 107 10 17 000 | 27.00 |
| 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385) 37.00 PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 30.00 30.00 0.00 31.00 0.00 32.00 0.00 32.00 0.00 33.00 0.00 34.00 0.00 35.00 0.00 35.00 0.00 36.00 0.00 36.00 0.00 0.00 36.00 0.00 0 | 28. 00 | | d and observation bed cha | arges) | 0 | |
| 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room cost differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385) 37.00 PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 00 00 32.00 31.00 0.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 0.00 32.00 32.00 32.00 3 | | | | | | |
| 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385) 37.00 PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 9,754,547 9,754,547 9.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 0 0 0 0 32.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | . Li mo 20) | | - | |
| 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385) 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 33.00 34.00 35.00 40.161,385 0.00 36.00 37.00 40.161,385 37.00 40.161,385 37.00 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 40.161,385 | | , | ÷ 11 ne 28) | | | • |
| 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 40, 161, 385) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 34.00 40.00 35.00 0.00 36.00 40, 161, 385 2, 603.99 38.00 9, 754, 547 39.00 | | | | | | • |
| 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 36.00 40.00 | | | nus line 33)(see instruc | tions) | | • |
| 37. 00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38. 00 Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38) 40. 00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 37. 00 40. 101, 385 37. 00 40. 101, 385 37. 00 40. 101, 385 37. 00 40. 101, 385 40. 101, 385 37. 00 40. 101, 385 40. 101, 3 | | Average per diem private room cost differential (line 34 x li | | | | |
| 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 2,603.99 38.00 Program general inpatient routine service cost (line 9 x line 38) 9,754,547 39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00 | | | | | - | 36.00 |
| PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 2,603.99 38.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 9,754,547 39.00 | 37.00 | | and private room cost di | rrerential (line | 40, 161, 385 | 37.00 |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 2,603.99 38.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00 | | | | | | |
| 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 2,603.99 38.00 Program general inpatient routine service cost (line 9 x line 38) 9,754,547 39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00 | | | JSTMENTS | | | |
| 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00 | 38. 00 | | | | 2, 603. 99 | 38. 00 |
| | | | • | | | |
| 41.00 Total Program general inpatient routine service cost (line 39 + line 40) | | | , | | - | |
| | 41.00 | Trotal Program general inpatient routine service cost (line 39 | + ITHE 4U) | | 9, /54, 54/ | 41.00 |

| Heal th | h Financial Systems FRANCISCAN HEALTH HAMMOND | In Lie | eu of Form CMS-2 | 2552-10 |
|------------------|--|-----------------------------|---------------------------------|------------------|
| COMPUT | JTATION OF INPATIENT OPERATING COST Provider CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet D-1 | |
| | | To 12/31/2021 | Date/Time Prep 5/30/2022 8:0 | |
| | Title XVIII | Hospi tal | PPS | 7 PIII |
| | Cost Center Description Total Total Average Polynomial Total Average Polynomial Cost Inpatient Days Diem (col. | | Program Cost (col. 3 x col. | |
| | col. 2) | I 7 | 4) | |
| 42.00 | 1.00 2.00 3.00 | 4.00 | 5. 00 | 42.00 |
| 42.00 | NURSERY (title V & XIX only) 0 0 C Intensive Care Type Inpatient Hospital Units | 0. 00 0 | | 42. 00 |
| 43.00 | INTENSIVE CARE UNIT 7,987,970 1,987 4,020 |). 12 550 | 2, 211, 066 | 43. 00 |
| 44. 00 45. 00 | | | | 44. 00 45. 00 |
| 46. 00 | | | | 46. 00 |
| 47. 00 |) NEWBORN INTENSIVE CARE UNIT 2,249,121 257 8,751 Cost Center Description | . 44 0 | 0 | 47. 00 |
| | Cost Center Description | | 1. 00 | |
| 48. 00 | | | 10, 511, 300 | |
| 49.00 | Total Program inpatient costs (sum of lines 41 through 48)(see instructions) PASS THROUGH COST ADJUSTMENTS | | 22, 476, 913 | 49.00 |
| 50.00 | Pass through costs applicable to Program inpatient routine services (from Wkst. D, s | um of Parts I and | 2, 226, 536 | 50. 00 |
| 51. 00 | | sum of Parts II | 2, 420, 535 | 51. 00 |
| | and IV) | 5 a 61 1 a. 15 11 | | |
| 52. 00 53. 00 | , , | thatist and | 4, 647, 071 17, 829, 842 | |
| 33.00 | medical education costs (line 49 minus line 52) | thetrst, and | 17, 027, 042 | 33.00 |
| E4 00 | TARGET AMOUNT AND LIMIT COMPUTATION Program discharges | | 0 | E4 00 |
| 55. 00 | | | | 54. 00 55. 00 |
| 56. 00 | , | 50) | 0 | 56. 00 |
| 57. 00 58. 00 | | s line 53) | 0 | 57. 00 58. 00 |
| 59. 00 | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and | compounded by the | | 59. 00 |
| 60. 00 | market basket Lesser of lines 53/54 or 55 from prior year cost report, updated by the market baske | t | 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 | f the amount by | 0 | 61. 00 |
| | which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% amount (line 56), otherwise enter zero (see instructions) | of the target | | |
| 62. 00 | Relief payment (see instructions) | | 0 | |
| 63. 00 | Allowable Inpatient cost plus incentive payment (see instructions) PROGRAM INPATIENT ROUTINE SWING BED COST | | 0 | 63. 00 |
| 64.00 | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost repor | ting period (See | 0 | 64. 00 |
| 65. 00 | instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporti | na neriod (See | 0 | 65. 00 |
| | instructions)(title XVIII only) | | | |
| 66. 00 | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XV CAH (see instructions) | III only). For | 0 | 66. 00 |
| 67. 00 | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost | reporting period | 0 | 67. 00 |
| 68. 00 | (line 12 x line 19) Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost re | norting period | 0 | 68. 00 |
| 00.00 | (line 13 x line 20) | portring perrod | | |
| 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 | | 0 | 69. 00 |
| 70. 00 | | 7) | | 70. 00 |
| 71.00 | | | | 71.00 |
| 72. 00 73. 00 | , , , | | | 72. 00 73. 00 |
| 74.00 | | D 1 11 1 | | 74. 00 |
| 75. 00 | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, 26, line 45) | Part II, column | | 75. 00 |
| 76. 00 | Per diem capital-related costs (line 75 ÷ line 2) | | | 76. 00 |
| 77. 00 78. 00 | , | | | 77. 00 78. 00 |
| 79. 00 | Aggregate charges to beneficiaries for excess costs (from provider records) | | | 79. 00 |
| 80. 00 81. 00 | | inus line 79) | | 80. 00 81. 00 |
| 82. 00 | ' | | | 82. 00 |
| 83.00 | , | | | 83.00 |
| 84. 00 85. 00 | | | | 84. 00 85. 00 |
| 86. 00 | Total Program inpatient operating costs (sum of lines 83 through 85) | | | 86. 00 |
| 87. 00 | PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) | | 3, 817 | 87. 00 |
| 88. 00 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | | 2, 603. 99 | 88. 00 |
| 89.00 |) Observation bed cost (line 87 x line 88) (see instructions) | | 9, 939, 430 | 89.00 |

| Health Financial Systems | FRANCI SCAN HE | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|---|----------------|----------------|------------|----------------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | | Provi der CC | | Peri od: | Worksheet D-1 | |
| | | | | From 01/01/2021 To 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
| | | 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 | 6, 821, 390 | 40, 161, 385 | 0. 16984 | 9, 939, 430 | 1, 688, 202 | 90.00 |
| 91.00 Nursing Program cost | | 40, 161, 385 | 0. 00000 | 9, 939, 430 | 0 | 91.00 |
| 92.00 Allied health cost | | 40, 161, 385 | 0.00000 | 9, 939, 430 | 0 | 92. 00 |
| 93.00 All other Medical Education | | 40, 161, 385 | 0.00000 | 9, 939, 430 | 0 | 93. 00 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|-----------------------------|-----------------------|
| COMPUTATION OF INPATIENT OPERATING COST | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet D-1 |
| | Component CCN: 15-S004 | | |
| | Title XVIII | Subprovi der - | PPS |

| | | litle XVIII | I PF | 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 | | | 7, 498 | 1. 00 |
| 2.00 | Inpatient days (including private room days, excluding swing- | | | 7, 498 | |
| 3. 00 | Private room days (excluding swing-bed and observation bed day do not complete this line. | ys). If you have only pr | ivate room days, | 0 | 3. 00 |
| 4. 00 | Semi-private room days (excluding swing-bed and observation be | ed days) | | 7, 498 | 4. 00 |
| 5. 00 | Total swing-bed SNF type inpatient days (including private roo | | r 31 of the cost | 0 | 5. 00 |
| | reporting period | | | | |
| 6. 00 | Total swing-bed SNF type inpatient days (including private room | om days) after December | 31 of the cost | 0 | 6. 00 |
| 7. 00 | reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room | m days) through December | 31 of the cost | 0 | 7. 00 |
| 7.00 | reporting period | days, t sag zssszs. | 0. 0. 1 0001 | Ü | ,,,,,, |
| 8. 00 | Total swing-bed NF type inpatient days (including private room | m days) after December 3 | 1 of the cost | 0 | 8. 00 |
| 9. 00 | reporting period (if calendar year, enter 0 on this line) | a the Dreaman (evaluding | owing had and | 663 | 9. 00 |
| 9.00 | Total inpatient days including private room days applicable to newborn days) (see instructions) | o the Program (excluding | Swifig-bed and | 003 | 9.00 |
| 10.00 | Swing-bed SNF type inpatient days applicable to title XVIII or | nly (including private r | oom days) | 0 | 10. 00 |
| | through December 31 of the cost reporting period (see instruc | | | | |
| 11. 00 | Swing-bed SNF type inpatient days applicable to title XVIII on December 31 of the cost reporting period (if calendar year, en | | oom days) after | 0 | 11. 00 |
| 12. 00 | Swing-bed NF type inpatient days applicable to titles V or XIX | | e room days) | 0 | 12. 00 |
| .2.00 | through December 31 of the cost reporting period | it only (the dailing privat | augo) | · · | 12.00 |
| 13. 00 | Swing-bed NF type inpatient days applicable to titles V or XIX | | | 0 | 13. 00 |
| 14. 00 | after December 31 of the cost reporting period (if calendar you Medically necessary private room days applicable to the Progra | | | 0 | 14. 00 |
| 15. 00 | Total nursery days (title V or XIX only) | all (excluding swing-bed | uays) | 0 | 15. 00 |
| 16. 00 | Nursery days (title V or XIX only) | | | 0 | 16. 00 |
| | SWING BED ADJUSTMENT | | | | |
| 17. 00 | Medicare rate for swing-bed SNF services applicable to service reporting period | es through December 31 o | f 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 reporting period | s through December 31 of | the cost | 0. 00 | 19. 00 |
| 20. 00 | Medicaid rate for swing-bed NF services applicable to services | s after December 31 of t | he cost | 0. 00 | 20. 00 |
| 21. 00 | reporting period Total general inpatient routine service cost (see instructions | 5) | | 12, 347, 605 | 21. 00 |
| 21.00 | Swing-bed cost applicable to SNF type services through December | | ina period (line | 12, 347, 603 | 22. 00 |
| | 5 x line 17) | | 3 1 | | |
| 23. 00 | Swing-bed cost applicable to SNF type services after December | 31 of the cost reportin | g period (line 6 | 0 | 23. 00 |
| 24. 00 | x line 18) Swing-bed cost applicable to NF type services through December | r 31 of the cost reporti | na period (line | 0 | 24. 00 |
| 2 00 | 7 x line 19) | | g po ou (| Ü | 2 00 |
| 25. 00 | Swing-bed cost applicable to NF type services after December : | 31 of the cost reporting | period (line 8 | 0 | 25. 00 |
| 26. 00 | x line 20) 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) | | 12, 347, 605 | |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | · · · · · · · · · · · · · · · · · · · | _ | |
| 28. 00 29. 00 | General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges) | d and observation bed ch | arges) | 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 | 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) (cas instrus | +: ana) | 0.00 | 33.00 |
| 34. 00 35. 00 | Average per diem private room charge differential (line 32 mil Average per diem private room cost differential (line 34 x li | | LI UNS) | 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 di | fferential (line | 12, 347, 605 | 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 | | | 1, 646. 79 | 38. 00 |
| 39. 00 | Program general inpatient routine service cost (line 9 x line | 38) | | 1, 091, 822 | 39. 00 |
| 40.00 | Medically necessary private room cost applicable to the Program | , | | 1 001 022 | |
| 41.00 | Total Program general inpatient routine service cost (line 39 | + 11THE 4U) | ا | 1, 091, 822 | 41.00 |

| | Financial Systems | FRANCI SCAN HEAL | | CN 15 0004 | | eu of Form CMS-2 | |
|---|--|----------------------------|------------------------|------------------|---|--------------------------------|------------------|
| COMPUT | ATION OF INPATIENT OPERATING COST | | Provider Component (| | Period: From 01/01/2021 To 12/31/2021 | Date/Time Pre | pared: |
| | | | Title | XVIII | Subprovi der - | 5/30/2022 8: 0 PPS | 9 pm |
| | Cost Center Description | Total Inpatient Cost Ir | 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) | 0 | 0 | 0.0 | 0 0 | 0 | 42. 00 |
| 43. 00 | Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT | 0 | 0 | 0.0 | 0 0 | 0 | 43.00 |
| 44.00 | CORONARY CARE UNIT | | | | | | 44.00 |
| 45. 00 46. 00 | BURN INTENSIVE CARE UNIT | | | | | | 45. 00 46. 00 |
| 47. 00 | NEWBORN INTENSIVE CARE UNIT | 0 | 0 | 0.0 | 0 0 | 0 | 1 |
| | Cost Center Description | | | | | 1.00 | |
| 48. 00 | Program inpatient ancillary service cost (Wk | | | | | 94, 156 | 1 |
| 49. 00 | Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS | 41 through 48)(se | ee instructio | ns) | | 1, 185, 978 | 49. 00 |
| 50.00 | Pass through costs applicable to Program inp | atient routine se | ervices (from | Wkst. D, sum | of Parts I and | 21, 342 | 50. 00 |
| 51. 00 | Pass through costs applicable to Program inpland IV) | atient ancillary | services (fr | om Wkst. D, s | um of Parts II | 15, 002 | 51.00 |
| 52. 00 | Total Program excludable cost (sum of lines | | | | | 36, 344 | 52. 00 |
| 53. 00 | Total Program inpatient operating cost exclumedical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION | | ated, non-phy | sician anesth | etist, and | 1, 149, 634 | 53. 00 |
| 54.00 | Program di scharges | | | | | 0 | |
| 55. 00 56. 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 | ng cost and targ | get amount (I | ine 56 minus | line 53) | 0 | 57.00 |
| 58. 00 | Bonus payment (see instructions) | | | | | 0 | 58. 00 |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket | | | | 0.00 | 59. 00 | | |
| 60. 00 | Lesser of lines 53/54 or 55 from prior year | | | | | 0.00 | 1 |
| 61. 00 | If line 53/54 is less than the lower of line which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see | n expected costs | | | | 0 | 61.00 |
| 62. 00 | Relief payment (see instructions) | ristructions) | | | | 0 | 62. 00 |
| 63. 00 | Allowable Inpatient cost plus incentive paymer PROGRAM INPATIENT ROUTINE SWING BED COST | ent (see instruct | tions) | | | 0 | 63.00 |
| 64. 00 | Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only) | ts through Decemb | per 31 of the | cost reporti | ng period (See | 0 | 64. 00 |
| 65. 00 | Medicare swing-bed SNF inpatient routine cos | ts after December | 1 31 of the c | ost reporting | period (See | 0 | 65. 00 |
| 66. 00 | <pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routing</pre> | ne costs (line 64 | 4 plus line 6 | 5)(title XVII | l only). For | 0 | 66. 00 |
| | CAH (see instructions) Title V or XIX swing-bed NF inpatient routing | | • | | | 0 | |
| 68. 00 | (line 12 x line 19) Title V or XIX swing-bed NF inpatient routing | e costs after Dec | cember 31 of | the cost repo | rting period | 0 | 68. 00 |
| 69. 00 | (line 13 x line 20) Total title V or XIX swing-bed NF inpatient | routine costs (li | ne 67 + line | 68) | | 0 | 69. 00 |
| | PART III - SKILLED NURSING FACILITY, OTHER NU | JRSING FACILITY, | AND ICF/IID | ONLY | | | |
| 70. 00 71. 00 | Skilled nursing facility/other nursing facili Adjusted general inpatient routine service of | | | | | | 70.00 |
| 72. 00 | Program routine service cost (line 9 x line | 71) | | | | | 72. 00 |
| 73. 00 74. 00 | Medically necessary private room cost applications and program general inpatient routine services. | | • | ne 35) | | | 73. 00 74. 00 |
| 75. 00 | Capital -related cost allocated to inpatient 26, line 45) | , | | orksheet B, P | art 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 | Aggregate charges to beneficiaries for excess | | ovi der record | s) | | | 79. 00 |
| 80. 00 81. 00 | Total Program routine service costs for compa Inpatient routine service cost per diem limi | | st limitation | (line 78 min | us line 79) | | 80. 00 81. 00 |
| 81.00 | Inpatient routine service cost per diem inm Inpatient routine service cost limitation (| | | | | | 82.00 |
| 83.00 | Reasonable inpatient routine service costs (| |) | | | | 83. 00 |
| 84. 00 85. 00 | Program inpatient ancillary services (see in: Utilization review - physician compensation | | s) | | | | 84. 00 85. 00 |
| 86. 00 | Total Program inpatient operating costs (sum | of lines 83 thro | | | | | 86.00 |
| 87. 00 | PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions | | | | | 0 | 87. 00 |
| 88. 00 | Adjusted general inpatient routine cost per | diem (line 27 ÷ l | ine 2) | | | 0.00 | 88. 00 |
| 89. 00 | Observation bed cost (line 87 x line 88) (see | e instructions) | | | | 0 | 89. 00 |

| Health Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|---|-----------------|----------------|------------|----------------------------------|----------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | | Provi der CC | | Peri od: | Worksheet D-1 | |
| | | Component (| | From 01/01/2021 To 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | |
| | | Title | XVIII | Subprovi der - I PF | PPS | |
| 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 (| | | | | | |
| 90.00 Capital -related cost | 241, 386 | 12, 347, 605 | 0. 01954 | .9 | 0 | 90.00 |
| 91.00 Nursing Program cost | 0 | 12, 347, 605 | 0.00000 | 0 0 | 0 | 91. 00 |
| 92.00 Allied health cost | 0 | 12, 347, 605 | 0.00000 | 0 0 | 0 | 92.00 |
| 93.00 All other Medical Education | 0 | 12, 347, 605 | 0.00000 | 0 0 | 0 | 93. 00 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|-----------------------------|---------------------------------------|
| COMPUTATION OF INPATIENT OPERATING COST | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet D-1 |
| | Component CCN: 15-S004 | | Date/Time Prepared: 5/30/2022 8:09 pm |
| | Title XIX | Subprovi der - | PPS |

| | | litle XIX | I PF | PPS | |
|------------------|--|-----------------------------|-------------------|-------------------|------------------|
| | Cost Center Description | 1 | | 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 | | | 7, 498 | 1. 00 |
| 2.00 | Inpatient days (including private room days, excluding swing- | | | 7, 498 | |
| 3. 00 | Private room days (excluding swing-bed and observation bed day do not complete this line. | ys). 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) | | 7, 498 | 4. 00 |
| 5. 00 | Total swing-bed SNF type inpatient days (including private roo | | r 31 of the cost | 0 | 5. 00 |
| | reporting period | | | | |
| 6. 00 | Total swing-bed SNF type inpatient days (including private room | om days) after December : | 31 of the cost | 0 | 6. 00 |
| 7. 00 | reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room | m days) through December | 31 of the cost | 0 | 7. 00 |
| ,, 00 | reporting period | days) t sag.: zessze. | 0. 0. 1 0001 | Ü | 7.00 |
| 8.00 | Total swing-bed NF type inpatient days (including private room | m days) after December 3 | 1 of the cost | 0 | 8. 00 |
| 0.00 | reporting period (if calendar year, enter 0 on this line) | - +b - D (ldi | | 2 200 | 0.00 |
| 9. 00 | Total inpatient days including private room days applicable to newborn days) (see instructions) | the Program (excluding | swing-bed and | 3, 309 | 9. 00 |
| 10. 00 | Swing-bed SNF type inpatient days applicable to title XVIII or | nly (including private r | oom days) | 0 | 10. 00 |
| | through December 31 of the cost reporting period (see instruc- | tions) | , | | |
| 11. 00 | Swing-bed SNF type inpatient days applicable to title XVIII or | | oom days) after | 0 | 11. 00 |
| 12. 00 | December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX | | e room dave) | 0 | 12. 00 |
| 12.00 | through December 31 of the cost reporting period | t only (Therading private | e room days) | O | 12.00 |
| 13.00 | Swing-bed NF type inpatient days applicable to titles V or XIX | | | 0 | 13. 00 |
| | after December 31 of the cost reporting period (if calendar year) | | | _ | |
| 14.00 | Medically necessary private room days applicable to the Progra | am (excluding swing-bed | days) | 0 | 14.00 |
| 15. 00 16. 00 | Total nursery days (title V or XIX only) Nursery days (title V or XIX only) | | | 638 452 | |
| 10.00 | SWING BED ADJUSTMENT | | | 432 | 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 |
| 40.00 | reporting period | | | | 40.00 |
| 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 | Medicald 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 |
| 21. 00 | reporting period Total general inpatient routine service cost (see instructions | -) | | 12, 347, 605 | 21. 00 |
| 22. 00 | Swing-bed cost applicable to SNF type services through December | | ing period (line | 12, 347, 003 | 22. 00 |
| | 5 x line 17) | | 5 | | |
| 23. 00 | Swing-bed cost applicable to SNF type services after December | 31 of the cost reporting | g period (line 6 | 0 | 23. 00 |
| 24. 00 | x line 18) Swing-bed cost applicable to NF type services through December | r 21 of the cost reportion | ng poriod (line | 0 | 24. 00 |
| 24.00 | 7 x line 19) | 31 of the cost reporting | ng perrod (Trile | O | 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 27. 00 | Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost | (line 21 minus line 26) | | 0 12, 347, 605 | 26. 00 |
| 27.00 | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | (TITIE 21 IIITIUS TITIE 20) | | 12, 347, 003 | 27.00 |
| 28. 00 | General inpatient routine service charges (excluding swing-bed | d and observation bed ch | arges) | 0 | 28. 00 |
| 29. 00 | | | | 0 | |
| 30.00 | Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 | Line 20) | | 0. 000000 | 30.00 |
| 31. 00 32. 00 | Average private room per diem charge (line 29 ÷ line 3) | - TITIE 20) | | 0.00000 | 31. 00 32. 00 |
| 33. 00 | Average semi-private room per diem charge (line 30 ÷ line 4) | | | 0. 00 | 33. 00 |
| 34.00 | Average per diem private room charge differential (line 32 mi) | , , | tions) | 0. 00 | |
| 35. 00 | Average per diem private room cost differential (line 34 x line 35) | 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 private room cost di- | fferential (line | 0 12, 347, 605 | 36. 00 37. 00 |
| 37.00 | 27 minus line 36) | and private room cost ur | ricientiai (iille | 12, 347, 003 | 37.00 |
| | 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 | | | 1, 646. 79 | |
| 39. 00 40. 00 | Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program | | | 5, 449, 228 0 | |
| | Total Program general inpatient routine service cost (line 39 | , | | 5, 449, 228 | |
| | , 3. 3 | | ' | .,, _20 | |

| | Financial Systems | FRANCI SCAN HEAL | | ON 45 0004 | | eu of Form CMS-2 | |
|------------------|---|---------------------------|-----------------------|------------------|---|--------------------------------|------------------|
| COMPUT | ATION OF INPATIENT OPERATING COST | | Provider Component (| | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 Date/Time Pre | pared: |
| | | | Ti tl | e XIX | Subprovi der - | 5/30/2022 8: 0 PPS | 9 pm |
| | Cost Center Description | Total Inpatient CostIn | Total patient 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) | 0 | 0 | 0.0 | 0 | 0 | 42. 00 |
| 43. 00 | Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT | 0 | 0 | 0.0 | 0 0 | 0 | 43.00 |
| 44.00 | CORONARY CARE UNIT | | | | | | 44.00 |
| 45. 00 46. 00 | BURN INTENSIVE CARE UNIT | | | | | | 45. 00 46. 00 |
| 47. 00 | NEWBORN INTENSIVE CARE UNIT | 0 | 0 | 0.0 | 0 | 0 | 1 |
| | Cost Center Description | | | | | 1. 00 | |
| 48. 00 | Program inpatient ancillary service cost (Wk | | | | | 0 | 48. 00 |
| 49. 00 | Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS | 41 through 48)(se | e instructio | ns) | | 5, 449, 228 | 49. 00 |
| 50.00 | Pass through costs applicable to Program inp | atient routine se | ervices (from | Wkst. D, sum | of Parts I and | 0 | 50. 00 |
| 51. 00 | <pre> </pre> | atient ancillary | services (fr | om Wkst. D, s | um of Parts II | 0 | 51.00 |
| 52. 00 | and IV) Total Program excludable cost (sum of lines! | 50 and 51) | | | | 0 | 52, 00 |
| 53. 00 | Total Program inpatient operating cost exclude | | ited, non-phy | sician anesth | etist, and | 5, 449, 228 | |
| | medical education costs (line 49 minus line | 52) | | | | | |
| 54. 00 | TARGET AMOUNT AND LIMIT COMPUTATION Program discharges | | | | | 0 | 54.00 |
| 55. 00 | Target amount per discharge | | | | | 0.00 | ł |
| 56. 00 57. 00 | Target amount (line 54 x line 55) Difference between adjusted inpatient operati | ng cost and tare | net amount (1 | ine 56 minus | ine 53) | 0 | 56. 00 57. 00 |
| 58. 00 | Bonus payment (see instructions) | ng cost and targ | get amount (i | THE 30 IIITHUS | THE 33) | 0 | 58. 00 |
| 59. 00 | Lesser of lines 53/54 or 55 from the cost re | oorting period er | ndi ng 1996, u | pdated and co | mpounded by the | 0.00 | 59. 00 |
| 60. 00 | market basket Lesser of lines 53/54 or 55 from prior year | cost report, upda | ated by the m | arket basket | | 0.00 | 60.00 |
| 61. 00 | If line 53/54 is less than the lower of line | s 55, 59 or 60 er | nter the Less | er of 50% of | | 0 | 61. 00 |
| | which operating costs (line 53) are less that amount (line 56), otherwise enter zero (see | | (lines 54 x | 60), or 1% of | the target | | |
| 62. 00 | Relief payment (see instructions) | ŕ | | | | 0 | |
| 63. 00 | 63.00 Allowable Inpatient cost plus incentive payment (see instructions) PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | 63.00 |
| 64. 00 | Medicare swing-bed SNF inpatient routine cos | ts through Decemb | per 31 of the | cost reporti | ng period (See | 0 | 64. 00 |
| 65. 00 | <pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre> | ts after December | 31 of the c | ost reporting | period (See | 0 | 65. 00 |
| | instructions)(title XVIII only) | | | | | | |
| 66. 00 | Total Medicare swing-bed SNF inpatient routil CAH (see instructions) | ne costs (line 64 | I plus line 6 | 5)(title XVII | only). For | 0 | 66. 00 |
| 67. 00 | Title V or XIX swing-bed NF inpatient routing | e costs through [| ecember 31 o | f the cost re | porting period | 0 | 67. 00 |
| 68. 00 | (line 12 x line 19) Title V or XIX swing-bed NF inpatient routing | e costs after Dec | cember 31 of | the cost repo | rting period | 0 | 68. 00 |
| 40.00 | (line 13 x line 20) | coutino costo (li | no 47 i lino | . 40) | | | 40.00 |
| 69. 00 | Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU | | | | | 0 | 69. 00 |
| 70.00 | Skilled nursing facility/other nursing facili | | | | | | 70.00 |
| 71. 00 72. 00 | Adjusted general inpatient routine service of Program routine service cost (line 9 x line | | ie 70 ÷ iine | 2) | | | 71. 00 72. 00 |
| 73. 00 | Medically necessary private room cost application | • | line 14 x li | ne 35) | | | 73. 00 |
| 74. 00 75. 00 | Total Program general inpatient routine servicapital-related cost allocated to inpatient | • | | lorkshoot P D | art II column | | 74. 00 75. 00 |
| 73.00 | 26, line 45) | outine service c | JOSES (TIOII W | orksneet b, T | art II, corumii | | 73.00 |
| 76. 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 | | | | 70) | | 79. 00 |
| 80. 00 81. 00 | Total Program routine service costs for companient routine service cost per diem limi | | si iimitation | (line /8 min | us line /9) | | 80. 00 81. 00 |
| 82. 00 | Inpatient routine service cost limitation (I | ne 9 x line 81) | | | | | 82. 00 |
| 83. 00 84. 00 | Reasonable inpatient routine service costs (| | | | | | 83. 00 84. 00 |
| 84. 00 85. 00 | Program inpatient ancillary services (see in: Utilization review - physician compensation | | s) | | | | 85.00 |
| 86. 00 | Total Program inpatient operating costs (sum | of lines 83 thro | | | | | 86. 00 |
| 87. 00 | PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions | | | | | 0 | 87. 00 |
| 88. 00 | Adjusted general inpatient routine cost per | diem (line 27 ÷ l | ine 2) | | | 0.00 | 88. 00 |
| 89. 00 | Observation bed cost (line 87 x line 88) (see | e instructions) | | | | 0 | 89. 00 |

| Health Financial Systems | FRANCI SCAN HE | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|---|----------------|----------------|--------------|----------------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | | Provi der CO | | Peri od: | Worksheet D-1 | |
| | | Component (| CCN: 15-S004 | From 01/01/2021 To 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
| | | Ti tl | e XIX | Subprovi der - I PF | 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 | 0 | 12, 347, 605 | 0.00000 | 0 0 | 0 | 90.00 |
| 91.00 Nursing Program cost | 0 | 12, 347, 605 | 0. 00000 | 0 0 | 0 | 91.00 |
| 92.00 Allied health cost | 0 | 12, 347, 605 | 0. 00000 | 0 0 | 0 | 92.00 |
| 93.00 All other Medical Education | 0 | 12, 347, 605 | 0.00000 | 0 | 0 | 93. 00 |
| | | | | | | |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN | | Peri od: | Worksheet D-3 | |
|--|----------------|------------------------|----------------------------------|----------------------|------------------|
| | | | From 01/01/2021 Fo 12/31/2021 | Date/Time Pre | pared: |
| | | | | 5/30/2022 8:0 | |
| | Title | | Hospi tal | PPS | |
| Cost Center Description | F | Ratio of Cost | | Inpatient | |
| | | To Charges | Program | Program Costs | |
| | | | Charges | (col. 1 x col. 2) | |
| | - | 1. 00 | 2. 00 | 3. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | 1.00 | 2.00 | 3.00 | |
| 30. 00 03000 ADULTS & PEDI ATRI CS | | | 7, 797, 719 | | 30.00 |
| 31.00 03100 INTENSIVE CARE UNIT | | | 2, 167, 746 | | 31.00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | | | 0 | | 35.00 |
| 40. 00 04000 SUBPROVI DER - 1 PF | | | 0 | | 40.00 |
| 43. 00 04300 NURSERY | | | | | 43. 00 |
| ANCILLARY SERVICE COST CENTERS | | 2.05057 | 1 001 100 | 740 044 | |
| 50. 00 05000 OPERATING ROOM | | 0. 35856 | | 713, 941 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | | 0. 000000 | | 701 220 | 50. 01 |
| 50. 02 05002 0UTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM | | 2. 49766 0. 19755 | | 781, 320 50, 086 | 50. 02 51. 00 |
| 53. 00 05300 ANESTHESI OLOGY | • | 0. 71235 | | 415, 095 | 53.00 |
| 54. 00 O5400 RADI OLOGY-DI AGNOSTI C | | 0. 54086 | | 482, 821 | 54. 00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | | 0. 22384 | | 197, 022 | 54. 01 |
| 54. 02 05402 ULTRASOUND | | 0. 14819 | | 97, 321 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | | 0.00000 | 0 | 0 | 55.00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | | 0. 06498 | 1 2, 853, 712 | 185, 437 | 55. 01 |
| 57. 00 05700 CT SCAN | | 0.00000 | 0 | 0 | 57.00 |
| 58. 00 05800 MRI | | 0. 000000 | | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | | 0. 10809 | | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | | 0. 19116 | | | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | | 0.00000 | | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | | 0. 05074 | | 11, 807 | 63.00 |
| 63. 01 06301 NUCLEAR MEDICINE 65. 00 06500 RESPIRATORY THERAPY | | 0. 32573 0. 52980 | | 111, 878 950, 365 | 63. 01 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | • | 0. 94879 | | 614, 851 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | | 0. 26654 | | | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | | 0. 63153 | | 226, 088 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | | 0. 02967 | | 45, 808 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | | 0.00000 | | 0 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | | 0. 64241 | 1, 863, 539 | 1, 197, 158 | 71.00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | | 0. 63881 | 822, 318 | 525, 309 | 72.00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | | 0. 14571 | | 828, 925 | 73. 00 |
| 76. 00 03020 PAIN CLINIC | | 0. 00000 | | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | | 0.00000 | | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 76. 03 03957 CARDI AC REHABI LI TATI ON | | 167. 47297 0. 76665 | | 60 442 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON 76. 04 03190 RADI ATI ON ONCOLOGY | | 445. 08835 | | 68, 662 0 | 76. 03 76. 04 |
| 76. 05 03951 MRI | | 0. 12490 | | | 76. 04 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | | 0. 000000 | | 71, 403 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | | 0. 000000 | | Ö | 76. 07 |
| 76. 08 03953 WOUND CARE | | 1. 15431 | | 458 | 76. 08 |
| 76. 09 03954 RENAL DIALYSIS | | 1. 42356 | | 901, 597 | |
| 76. 10 03955 I NFUSI ON | | 0. 20679 | | 184 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | | 0.00000 | 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATION CLINIC | | 0. 97699 | 6 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | | 0. 00000 | | 0 | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | 0. 000000 | | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | | 0.00000 | | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | | 0. 00000 0. 00000 | | 0 | 90. 01 90. 02 |
| 90. 02 09002 CARDI OLOGY CLINI C 90. 03 09003 SPECI ALTY CLINI C | | 299. 47468 | | 0 | 90. 02 |
| 91. 00 09100 EMERGENCY | | 0. 16216 | | 668, 158 | 90.03 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | 1. 04860 | 1 | 000, 130 | 92.00 |
| 200.00 Total (sum of lines 50 through 94 and 96 through 98) | | 0 1000 | 34, 037, 736 | 10, 511, 300 | |
| 201.00 Less PBP Clinic Laboratory Services-Program only char | rges (line 61) | | 0 | | 201. 00 |
| 202.00 Net charges (line 200 minus line 201) | | | 34, 037, 736 | | 202. 00 |
| | | | | | |

| Health Financial Systems FRANCISCAN HEAL | TH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|--|--------------|-----------------------------|--|---|------------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provi der C | CN: 15-0004 CCN: 15-S004 | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet D-3 Date/Time Pre 5/30/2022 8:0 | pared: |
| | Ti tl e | e XVIII | Subprovider - IPF | PPS | |
| Cost Center Description | | Ratio of Cos To Charges | | Inpatient Program Costs (col. 1 x col. | |
| | | 1.00 | 2. 00 | 2) 3. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | |
| 30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT | | 1 | | | 30. 00 31. 00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | | | | | 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF | | | 2, 031, 246 | | 40.00 |
| 43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS | | | | | 43. 00 |
| 50. 00 05000 OPERATI NG ROOM | | 0. 35856 | 51 0 | 0 | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY | | 0. 00000 | | 0 | 50. 01 |
| 50. 02 05002 0UTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM | | 2. 49766 0. 19755 | | 0 | 50. 02 51. 00 |
| 53. 00 05300 ANESTHESI OLOGY | | 0. 71235 | | 0 | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | | 0. 54086 | 5, 017 | 2, 714 | • |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | | 0. 22384 | | 0 | 54. 01 |
| 54. 02 05402 ULTRASOUND 55. 00 05500 RADI OLOGY-THERAPEUTI C | | 0. 14819 0. 00000 | | 200 | 54. 02 55. 00 |
| 55. 01 O5501 COMPUTED TOMOGRAPHY | | 0. 06498 | | 1, 753 | • |
| 57. 00 05700 CT SCAN | | 0.00000 | | 0 | 57. 00 |
| 58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON | | 0. 00000 0. 10809 | | 0 | 58. 00 59. 00 |
| 60. 00 06000 LABORATORY | | 0. 19116 | | 39, 449 | • |
| 60. 01 06001 BLOOD LABORATORY | | 0. 00000 | | 0 | • |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE | | 0. 05074 0. 32573 | | 0 | 63. 00 63. 01 |
| 65. 00 06500 RESPIRATORY THERAPY | | 0. 52980 | | 432 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | | 0. 94879 | | 4, 112 | ł |
| 67. 00 06700 OCCUPATI ONAL THERAPY | | 0. 26654 | | 0 | |
| 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY | | 0. 63153 0. 02967 | | 0 922 | 68. 00 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | | 0. 00000 | | 0 | 70. 00 |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT | | 0. 64241 | | 4, 048 | 1 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS | | 0. 6388° 0. 1457° | | 0 15, 264 | 72. 00 73. 00 |
| 76. 00 03020 PAI N CLI NI C | | 0. 00000 | | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | | 0.00000 | | 0 | |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 76. 03 03957 CARDI AC REHABI LI TATI ON | | 167. 47297 0. 76665 | | 0 | 76. 02 76. 03 |
| 76. 04 O3190 RADIATION ONCOLOGY | | 445. 08835 | | - | • |
| 76. 05 03951 MRI | | 0. 12490 | | 1, 053 | |
| 76. 06 03952 BARI ATRI C CENTER 76. 07 03550 PSYCH ACTI VI TY THERAPY | | 0.00000 | | 0 | 76. 06 76. 07 |
| 76. 08 03953 WOUND CARE | | 1. 1543 | | 0 | 1 |
| 76. 09 03954 RENAL DI ALYSI S | | 1. 42356 | 0 | 0 | 76. 09 |
| 76. 10 03955 I NFUSI ON | | 0. 20679 | | 582 | 1 |
| 76. 11 03956 CARE TRANSITION CENTER 76. 12 03958 ANTI COAGULATION CLINIC OUTPATIENT SERVICE COST CENTERS | | 0.00000 | | 0 | - |
| 88. 00 08800 RURAL HEALTH CLINIC | | 0.00000 | 00 | 0 | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | 0.00000 | | 0 | 89.00 |
| 90. 00 09000 CLINI C 90. 01 09001 0CC HEALTH CLINI C | | 0.00000 | | 0 | 90. 00 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | | 0.00000 | | 0 | 90.01 |
| 90. 03 09003 SPECI ALTY CLI NI C | | 299. 47468 | 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART | | 0. 16216 1. 04860 | | 23, 627 0 | l |
| 200.00 Total (sum of lines 50 through 94 and 96 through 98) | | 1.04800 | 543, 924 | | 200. 00 |
| 201.00 Less PBP Clinic Laboratory Services-Program only charge | es (line 61) | | 0 | | 201. 00 |
| 202.00 Net charges (line 200 minus line 201) | | l | 543, 924 | | 202. 00 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|--|---|----------------------|-----------------|-----------------------------|------------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provi der | CCN: 15-0004 | Peri od: | Worksheet D-3 | |
| | | | From 01/01/2021 | Data/Tima Dra | narod: |
| | | | To 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
| | Ti · | tle XIX | Hospi tal | Cost | , biii |
| Cost Center Description | | Ratio of Cos | | Inpatient | |
| , | | 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 | | | 2, 591, 747 | | 30. 00 |
| 31.00 03100 INTENSIVE CARE UNIT | | | 1, 407, 052 | | 31.00 |
| 35.00 02040 NEWBORN INTENSIVE CARE UNIT | | | 0 | | 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF | | | 130, 123 | | 40. 00 |
| 43. 00 04300 NURSERY | | | 0 | | 43. 00 |
| ANCILLARY SERVICE COST CENTERS | | 1 | | | |
| 50. 00 05000 OPERATI NG ROOM | | 0. 35856 | | | |
| 50. 01 05001 OPEN HEART SURGERY | | 0.00000 | | 0 | 50. 01 |
| 50. 02 05002 OUTPATI ENT SURGERY | | 2. 49766 | | | |
| 51. 00 05100 RECOVERY ROOM | | 0. 1975! | | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | | 0. 7123 | | | |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | | 0. 54086 | | 0 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | | 0. 22384 | | 139, 555 | |
| 54. 02 05402 ULTRASOUND 55. 00 05500 RADI OLOGY-THERAPEUTI C | | 0. 14819 | | | |
| | | 0.00000 | | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | | 0.06498 | | 50, 242 0 | |
| 57. 00 05700 CT SCAN 58. 00 05800 MRI | | 0. 00000 0. 00000 | | 0 | 57. 00 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | | 0. 1080 | | | 59.00 |
| 60. 00 06000 LABORATORY | | 0. 1080 | | | 1 |
| 60. 01 06001 BLOOD LABORATORY | | 0. 00000 | | 0,517 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | | 0. 05074 | | | 1 |
| 63. 01 06301 NUCLEAR MEDICINE | | 0. 32573 | | | 1 |
| 65. 00 06500 RESPIRATORY THERAPY | | 0. 52980 | | 0 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | | 0. 94844 | | Ö | 66.00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | | 0. 26654 | | | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | | 0. 63153 | | | |
| 69. 00 06900 ELECTROCARDI OLOGY | | 0. 0296 | | 0 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | | 0. 00000 | | 0 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | | 0. 6424 | | 0 | 71. 00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | | 0. 6388 | 15 0 | 0 | 72. 00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | | 0. 1457 | 17 834, 375 | 121, 583 | 73.00 |
| 76. 00 03020 PAIN CLINIC | | 0.00000 | 00 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | | 0.00000 | 00 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | | 167. 4729 | 74 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | | 0. 76665 | | | |
| 76. 04 03190 RADI ATI ON ONCOLOGY | | 445. 0883 | | 0 | 76. 04 |
| 76. 05 03951 MRI | | 0. 12490 | | 0 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | | 0. 00000 | | 0 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | | 0.00000 | | - | 76. 07 |
| 76. 08 03953 WOUND CARE | | 1. 15424 | | 0 | 1 |
| 76. 09 03954 RENAL DI ALYSI S | | 1. 42356 | | 0 | 1 |
| 76. 10 03955 NFUSION | | 0. 20676 | | 0 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | | 0.00000 | | _ | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS | | 0. 97699 | 96 0 | 0 | 76. 12 |
| | | 0.0000 | 0 | 0 | 00 00 |
| 88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | 0.00000 | | - | 88.00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC | | 0. 00000 0. 00000 | | 0 | 89. 00 90. 00 |
| 90. 00 09000 CLINIC 90. 01 09001 0CC HEALTH CLINIC | | 0.00000 | | 0 | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC 90. 02 09002 CARDI OLOGY CLINIC | | 0. 00000 | | 0 | 90.01 |
| 90. 03 09003 SPECIALTY CLINIC | | 299. 47468 | | 0 | 90.02 |
| 91. 00 09100 EMERGENCY | | 0. 1621 | | - | |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | 1. 04860 | | 0 | 92.00 |
| 200.00 Total (sum of lines 50 through 94 and 9 | 6 through 98) | 1.0.000 | 6, 776, 471 | 1, 446, 983 | |
| 201.00 Less PBP Clinic Laboratory Services-Pro | | | 0 | , , | 201. 00 |
| 202.00 Net charges (line 200 minus line 201) | 5 | | 6, 776, 471 | | 202. 00 |
| | | • | | | • |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|--|---|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Date/Time Prepared: 5/30/2022 8:09 pm |

| | | | | 5/30/2022 8:0 | 9 pm |
|------------------|--|-----------------------------|-------------------|------------------------|------------------|
| | | 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 occurri | ng prior to October 1 (s | see | 8, 593, 765 | 1. 01 |
| | instructions) | | | | |
| 1. 02 | DRG amounts other than outlier payments for discharges occurri | ng on or after October 1 | (see | 255, 437 | 1. 02 |
| 1 00 | instructions) | | : 4- 0-4-1 | 0 | 1 00 |
| 1. 03 | DRG for federal specific operating payment for Model 4 BPCI fo 1 (see instructions) | or discharges occurring p | orior to october | 0 | 1. 03 |
| 1.04 | DRG for federal specific operating payment for Model 4 BPCI fo | or discharges occurring o | n or after | 0 | 1. 04 |
| 1.04 | October 1 (see instructions) | ar senar ges occurring to | | O | 1.04 |
| 2.00 | Outlier payments for discharges. (see instructions) | | | | 2. 00 |
| 2. 01 | Outlier reconciliation amount | | | 0 | 2. 01 |
| 2.02 | Outlier payment for discharges for Model 4 BPCI (see instructi | ons) | | 0 | 2. 02 |
| 2.03 | Outlier payments for discharges occurring prior to October 1 (| see instructions) | | 258, 971 | 2. 03 |
| 2.04 | Outlier payments for discharges occurring on or after October | 1 (see instructions) | | 0 | 2. 04 |
| 3.00 | Managed Care Simulated Payments | | | 7, 794, 949 | 3. 00 |
| 4.00 | Bed days available divided by number of days in the cost repor | ting period (see instru | ctions) | 118. 41 | 4. 00 |
| | Indirect Medical Education Adjustment | | | | |
| 5. 00 | FTE count for allopathic and osteopathic programs for the most | recent cost reporting p | period ending on | 6. 11 | 5. 00 |
| 6. 00 | or before 12/31/1996.(see instructions) FTE count for allopathic and osteopathic programs that meet th | e oritoria for an add or | to the can for | 0.00 | 6. 00 |
| 0.00 | new programs in accordance with 42 CFR 413.79(e) | le cirterra for an add-or | i to the cap for | 0.00 | 0.00 |
| 7. 00 | MMA Section 422 reduction amount to the IME cap as specified u | under 42 CFR §412.105(f) | (1) (i v) (B) (1) | 1. 72 | 7. 00 |
| 7. 01 | ACA § 5503 reduction amount to the IME cap as specified under | | | 0.00 | 7. 01 |
| | cost report straddles July 1, 2011 then see instructions. | | , (, (,) | | |
| 8.00 | Adjustment (increase or decrease) to the FTE count for allopat | hic and osteopathic prog | grams for | 0.00 | 8. 00 |
| | affiliated programs in accordance with 42 CFR 413.75(b), 413.7 | 9(c)(2)(iv), 64 FR 26340 |) (May 12, | | |
| | 1998), and 67 FR 50069 (August 1, 2002). | | | | |
| 8. 01 | The amount of increase if the hospital was awarded FTE cap slo | its under § 5503 of the A | ACA. If the cost | 0. 00 | 8. 01 |
| 0.00 | report straddles July 1, 2011, see instructions. | . 6 | | 0.00 | 0.00 |
| 8. 02 | The amount of increase if the hospital was awarded FTE cap slo | ots from a closed teaching | ng nospitai | 0. 00 | 8. 02 |
| 9. 00 | under § 5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line | ss (0 0 01 and 0 02) (6 | .00 | 4. 39 | 9. 00 |
| 9.00 | instructions) | (s (6, 6,01 and 8,02) | see | 4. 37 | 7.00 |
| 10.00 | FTE count for allopathic and osteopathic programs in the curre | ent vear from vour record | ls | 1. 58 | 10.00 |
| 11. 00 | FTE count for residents in dental and podiatric programs. | | | 2. 91 | |
| 12.00 | Current year allowable FTE (see instructions) | | | 4. 49 | 12. 00 |
| 13.00 | Total allowable FTE count for the prior year. | | | 7. 22 | 13. 00 |
| 14.00 | Total allowable FTE count for the penultimate year if that yea | r ended on or after Sep | ember 30, 1997, | 7. 94 | 14. 00 |
| | otherwise enter zero. | | | | |
| 15. 00 | Sum of lines 12 through 14 divided by 3. | | | 6. 55 | |
| 16. 00 | Adjustment for residents in initial years of the program | | | | 16.00 |
| 17. 00 | Adjustment for residents displaced by program or hospital clos | sure | | | 17. 00 |
| 18. 00 19. 00 | Adjusted rolling average FTE count | | | 6. 55 | |
| 20. 00 | Current year resident to bed ratio (line 18 divided by line 4) Prior year resident to bed ratio (see instructions) | • | | 0. 055316 0. 044878 | |
| 21. 00 | Enter the lesser of lines 19 or 20 (see instructions) | | | 0. 044878 | |
| 22. 00 | IME payment adjustment (see instructions) | | | 214, 310 | |
| 22. 01 | | | | 188, 778 | |
| | Indirect Medical Education Adjustment for the Add-on for § 422 | of the MMA | | | |
| 23.00 | Number of additional allopathic and osteopathic IME FTE reside | | R 412. 105 | 0.00 | 23. 00 |
| | (f)(1)(iv)(C). | • | | | |
| 24. 00 | IME FTE Resident Count Over Cap (see instructions) | | | -2. 81 | 24. 00 |
| 25.00 | If the amount on line 24 is greater than -O-, then enter the I | ower of line 23 or line | 24 (see | 0.00 | 25. 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) | | | 214 210 | 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 |) | | 214, 310 188, 778 | 29. 00 29. 01 |
| ∠7. U I | Disproportionate Share Adjustment | <i>)</i> | | 100, 118 | ∠ 7. U l |
| 30. 00 | Percentage of SSI recipient patient days to Medicare Part A pa | itient days (see instruct | ions) | 9. 56 | 30.00 |
| 31. 00 | Percentage of Medicaid patient days (see instructions) | iti ont days (see this tide | .1 0/13) | 31. 74 | 31.00 |
| 32. 00 | Sum of lines 30 and 31 | | | 41. 30 | 32.00 |
| 33. 00 | Allowable disproportionate share percentage (see instructions) | | | 23. 29 | |
| | Di sproporti onate share adjustment (see instructions) | | | 515, 245 | |
| | · | | ' | | - |

| 371200E | ATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0004 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Date/Time Pre 5/30/2022 8:0 | |
|------------------|---|------------------------------|---|---|------------------|
| | <u> </u> | Title XVIII | Hospi tal | PPS | |
| | | | Prior to 10/1 | | |
| | Uncompensated Care Adjustment | | 1. 00 | 2. 00 | |
| 35. 00 | Total uncompensated care amount (see instructions) | | 8 290 014 521 | 7, 192, 008, 710 | 35. 00 |
| 35. 01 | Factor 3 (see instructions) | | 0. 000362429 | 0. 000335248 | |
| 35. 02 | Hospital uncompensated care payment (If line 34 is zero, ente | er zero on this line) (see | | 2, 411, 107 | 1 |
| | instructions) | | | | |
| 35. 03 | Pro rata share of the hospital uncompensated care payment amo | | 2, 247, 232 | 607, 732 | 1 |
| 36. 00 | Total uncompensated care (sum of columns 1 and 2 on line 35.0 Additional payment for high percentage of ESRD beneficiary di | | 2, 854, 964 | | 36.00 |
| 40. 00 | Total Medicare discharges (see instructions) | scharges (Triles 40 till out | 1, 580 | | 40.00 |
| 41. 00 | Total ESRD Medicare discharges (see instructions) | | 256 | | 41. 00 |
| 41. 01 | Total ESRD Medicare covered and paid discharges (see instruct | ions) | 243 | | 41. 01 |
| 42. 00 | Divide line 41 by line 40 (if less than 10%, you do not quali | | 16. 20 | | 42. 00 |
| 43. 00 | Total Medicare ESRD inpatient days (see instructions) | | 1, 861 | | 43. 00 |
| 44. 00 | Ratio of average length of stay to one week (line 43 divided | by line 41 divided by 7 | 1. 094062 | | 44. 00 |
| 4E 00 | days) Average weekly cost for dialysis treatments (see instructions | | 447. 81 | | 45. 00 |
| 45. 00 | Average weekly cost for dialysis treatments (see instructions Total additional payment (line 45 times line 44 times line 41 | | 119, 053 | | 46.00 |
| 47. 00 | Subtotal (see instructions) | . 01) | 12, 811, 745 | | 47. 00 |
| 48. 00 | Hospital specific payments (to be completed by SCH and MDH, s | mall rural hospitals | 12,011,743 | | 48. 00 |
| .0. 00 | only. (see instructions) | marr rarar noopi taro | | | 10.00 |
| | | | | Amount | |
| | | | | 1. 00 | |
| 49. 00 | Total payment for inpatient operating costs (see instructions | | | 13, 000, 523 | 1 |
| 50.00 | Payment for inpatient program capital (from Wkst. L, Pt. I an Exception payment for inpatient program capital (Wkst. L, Pt. | | | 807, 592 | 1 |
| 51. 00 52. 00 | Direct graduate medical education payment (from Wkst. E-4, li | | | 0 121, 518 | 51. 00 52. 00 |
| 53. 00 | Nursing and Allied Health Managed Care payment | THE 47 SEE THISTI UCTIONS). | | 106, 276 | 1 |
| 54. 00 | Special add-on payments for new technologies | | | 136, 525 | |
| 54. 01 | Islet isolation add-on payment | | | 0 | 54. 01 |
| 55. 00 | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6 | 9) | | 0 | 55. 00 |
| 56. 00 | Cost of physicians' services in a teaching hospital (see intr | • | | 0 | 56. 00 |
| 57. 00 | Routine service other pass through costs (from Wkst. D, Pt. I | | rough 35). | 0 | 57. 00 |
| 58. 00 | Ancillary service other pass through costs from Wkst. D, Pt. | IV, col. 11 line 200) | | 129, 872 | |
| 59. 00 60. 00 | Total (sum of amounts on lines 49 through 58) | | | 14, 302, 306 | 59. 00 60. 00 |
| 61. 00 | Primary payer payments Total amount payable for program beneficiaries (line 59 minus | line 60) | | 0 14, 302, 306 | 1 |
| 62. 00 | Deductibles billed to program beneficiaries | 11116 00) | | 794, 588 | 1 |
| 63. 00 | Coinsurance billed to program beneficiaries | | | 71, 232 | |
| 64. 00 | Allowable bad debts (see instructions) | | | 543, 326 | 1 |
| 65. 00 | Adjusted reimbursable bad debts (see instructions) | | | 353, 162 | 65. 00 |
| 66. 00 | Allowable bad debts for dual eligible beneficiaries (see inst | ructions) | | 276, 570 | 66. 00 |
| 67. 00 | | | | 13, 789, 648 | |
| | Credits received from manufacturers for replaced devices for | , , , | | 0 | |
| 69. 00 | Outlier payments reconciliation (sum of lines 93, 95 and 96). | (For SCH see instructions | 5) | 0 | 1 |
| 70.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | ration) adjustment (see i | notrusti ana) | 0 | 1 |
| 70. 50 70. 87 | Rural Community Hospital Demonstration Project (§410A Demonst Demonstration payment adjustment amount before sequestration | ration) aujustment (see I | nstructi (IIS) | 0 | 70. 50 70. 87 |
| 70. 87 | SCH or MDH volume decrease adjustment (contractor use only) | | | 0 | 70.87 |
| 70. 89 | Pioneer ACO demonstration payment adjustment amount (see inst | ructions) | | | 70.89 |
| 70. 90 | HSP bonus payment HVBP adjustment amount (see instructions) | | | 0 | 1 |
| 70. 91 | HSP bonus payment HRR adjustment amount (see instructions) | | | 0 | 70. 91 |
| 70. 92 | Bundled Model 1 discount amount (see instructions) | | | 0 | 1 |
| | IN/DD | | | -73, 091 | 70. 93 |
| 70. 93 70. 94 | HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions) | | | -73, 091 -56, 967 | 70. 94 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-1 |
|--|-------------------------------------|--------------|---|---|------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der | CCN: 15-0004 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Date/Time Pre 5/30/2022 8:0 | |
| | Ti tl | e XVIII | Hospi tal | PPS | |
| | | | (yyyy) | Amount | |
| | | | 0 | 1. 00 | |
| 70.96 Low volume adjustment for federal fi | | | 0 | 0 | 70. 9 |
| 70.97 Low volume adjustment for federal fi | | | 0 | 0 | 70. 9 |
| 70.98 Low Volume Payment-3 | | | | 0 | 70. 9 |
| 70.99 HAC adjustment amount (see instructi | ons) | | | 118, 528 | 70. 9 |
| 71.00 Amount due provider (line 67 minus l | ines 68 plus/minus lines 69 & 70) | | | 13, 541, 062 | 71.0 |
| 71.01 Sequestration adjustment (see instru | ctions) | | | 0 | 71.0 |
| 71.02 Demonstration payment adjustment amo | unt after sequestration | | | 0 | 71.0 |
| 71.03 Sequestration adjustment-PARHM pass | throughs | | | I | 71.0 |
| 72.00 Interim payments | | | | 12, 294, 492 | 72. 0 |
| 72.01 Interim payments-PARHM | | | | I | 72. 0 |
| 73.00 Tentative settlement (for contractor | use only) | | | 0 | 73. 0 |
| 73.01 Tentative settlement-PARHM (for con- | ractor use only) | | | I | 73.0 |
| 74.00 Balance due provider/program (line 773) | 1 minus lines 71.01, 71.02, 72, and | | | 1, 246, 570 | 74. 0 |
| 74.01 Balance due provider/program-PARHM | see instructions) | | | I | 74.0 |
| 75.00 Protested amounts (nonallowable cos CMS Pub. 15-2, chapter 1, §115.2 | • | | | 829, 081 | 75. 0 |
| TO BE COMPLETED BY CONTRACTOR (lines | | _ | | | 4 |
| 90.00 Operating outlier amount from Wkst. plus 2.04 (see instructions) | E, Pt. A, line 2, or sum of 2.03 | | | 0 | 90.0 |
| 91.00 Capital outlier from Wkst. L, Pt. I, | | | | 0 | |
| 92.00 Operating outlier reconciliation adj | | | | 0 | 1 |
| 93.00 Capital outlier reconciliation adjus | | | | 0 | 1 |
| 94.00 The rate used to calculate the time | 3 ` | | | 0.00 | |
| 95.00 Time value of money for operating ex | | | | 0 | 1 |
| 96.00 Time value of money for capital rela | ted expenses (see instructions) | | | 0 | 96. 0 |
| | | | | | |
| LIOD D | | | 1. 00 | 2. 00 | - |
| HSP Bonus Payment Amount | | | | | 100 0 |
| 100.00 HSP bonus amount (see instructions) | | | 0 | 0 | 100. 0 |
| HVBP Adjustment for HSP Bonus Paymer | | | 0.000000000 | 0.000000000 | 101 0 |
| 101.00 HVBP adjustment factor (see instruc- | , | | 0.000000000 | | |
| 102.00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment | | | 0 | 0 | 102. 00 |
| 103.00 HRR adjustment factor (see instructi | | | 0.0000 | 0.0000 | 103. 0 |
| 104.00 HRR adjustment amount for HSP bonus | | | 0 | | 104. 00 |
| Rural Community Hospital Demonstrati | | ustment | | | 1 |
| 200.00 Is this the first year of the currer | | | | | 200. 00 |
| Century Cures Act? Enter "Y" for yes | or "N" for no. | | | |] |
| Cost Reimbursement | | | | | 4 |
| 201.00 Medicare inpatient service costs (fi | | | | ı | 201. 0 |
| | | | 1 | i | 1202 |
| 202.00 Medicare discharges (see instruction 203.00 Case-mix adjustment factor (see ins | | | | | 202. 0 203. 0 |

| 71. 02 | Demonstration payment adjustment amount after sequestration | | | 0 | |
|---------|---|------|----------------|---------------|---------|
| 71. 03 | Sequestration adjustment-PARHM pass-throughs | | | | 71. 03 |
| 72.00 | Interim payments | | | 12, 294, 492 | |
| 72. 01 | Interim payments-PARHM | | | | 72. 01 |
| 73.00 | Tentative settlement (for contractor use only) | | | 0 | |
| 73. 01 | 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 | | | 1, 246, 570 | 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 | | | 829, 081 | 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 | |
| 92.00 | Operating outlier reconciliation adjustment amount (see instructions) | | | 0 | 1 |
| 93. 00 | Capital outlier reconciliation adjustment amount (see instructions) | | | 0 | |
| 94.00 | The rate used to calculate the time value of money (see instructions) | | | 0.00 | |
| 95.00 | Time value of money for operating expenses (see instructions) | | | 0 | 95. 00 |
| 96.00 | Time value of money for capital related expenses (see instructions) | | | 0 | 96. 00 |
| | | | Prior to 10/1 | On/After 10/1 | |
| | | | 1. 00 | 2. 00 | |
| | HSP Bonus Payment Amount | | | | |
| 100.00 | HSP bonus amount (see instructions) | | 0 | 0 | 100. 00 |
| | HVBP Adjustment for HSP Bonus Payment | | | | |
| | HVBP adjustment factor (see instructions) | | 0.0000000000 | | |
| 102.00 | HVBP adjustment amount for HSP bonus payment (see instructions) | | 0 | 0 | 102. 00 |
| | HRR Adjustment for HSP Bonus Payment | | | | |
| | HRR adjustment factor (see instructions) | | 0.0000 | | 103. 00 |
| 104.00 | HRR adjustment amount for HSP bonus payment (see instructions) | | 0 | 0 | 104. 00 |
| | Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment | | | | |
| 200.00 | Is this the first year of the current 5-year demonstration period under the 21st | | | | 200. 00 |
| | 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) | | | | 201. 00 |
| | Medicare discharges (see instructions) | | | | 202. 00 |
| 203.00 | Case-mix adjustment factor (see instructions) | | | | 203. 00 |
| | Computation of Demonstration Target Amount Limitation (N/A in first year of the cur | rent | 5-year demonst | ration | |
| | peri od) | | | | 4 |
| | Medicare target amount | | | | 204. 00 |
| | Case-mix adjusted target amount (line 203 times line 204) | | | | 205. 00 |
| 206.00 | Medicare inpatient routine cost cap (line 202 times line 205) | | | | 206. 00 |
| | Adjustment to Medicare Part A Inpatient Reimbursement | | | | |
| | Program reimbursement under the §410A Demonstration (see instructions) | | | | 207. 00 |
| | Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) | | | | 208. 00 |
| | Adjustment to Medicare IPPS payments (see instructions) | | | | 209. 00 |
| | Reserved for future use | | | | 210. 00 |
| 211.00 | Total adjustment to Medicare IPPS payments (see instructions) | | | | 211. 00 |
| | Comparision of PPS versus Cost Reimbursement | | | | 4 |
| | Total adjustment to Medicare Part A IPPS payments (from line 211) | | | | 212. 00 |
| | Low-volume adjustment (see instructions) | | | | 213. 00 |
| 218. 00 | Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) | | | | 218. 00 |
| | (line 212 minus line 213) (see instructions) | l | ļ | I | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|--------|---|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | | Worksheet E Part B Date/Time Prepared: 5/30/2022 8:09 pm |
| | | | |

| | | Title XVIII | Hospi tal | PPS | 9 pm |
|------------------|--|----------------------------|------------------|------------------------------|------------------|
| | | | | 1. 00 | |
| | PART B - MEDICAL AND OTHER HEALTH SERVICES | | | 1.00 | |
| 1.00 | Medical and other services (see instructions) | | | 315 | 1.00 |
| 2. 00 3. 00 | Medical and other services reimbursed under OPPS (see instruct OPPS payments | ions) | | 24, 861, 440 17, 292, 418 | 2. 00 3. 00 |
| 4. 00 | Outlier payment (see instructions) | | | 31, 315 | 4. 00 |
| 4. 01 | Outlier reconciliation amount (see instructions) | | | 0 | 4. 01 |
| 5.00 | Enter the hospital specific payment to cost ratio (see instruc | tions) | | 0. 000 | 5. 00 |
| 6.00 | Line 2 times line 5 | | | 0 | 6.00 |
| 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. I | V, col. 13, line 200 | | 368, 953 | ł |
| 10.00 | Organ acqui si ti ons | | | 0 | 10.00 |
| 11. 00 | Total cost (sum of lines 1 and 10) (see instructions) | | | 315 | 11. 00 |
| | COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges | | | | |
| 12. 00 | Ancillary service charges | | | 2, 159 | 12. 00 |
| 13. 00 | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Ii | ne 69) | | 0 | 13. 00 |
| 14. 00 | Total reasonable charges (sum of lines 12 and 13) | | | 2, 159 | 14. 00 |
| 15.00 | Customary charges | | | 0 | 1 1 00 |
| 15. 00 16. 00 | Aggregate amount actually collected from patients liable for p Amounts that would have been realized from patients liable for | | | 0 0 | 15. 00 16. 00 |
| 10.00 | had such payment been made in accordance with 42 CFR §413.13(e | | r a chargebasi s | | 10.00 |
| 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) | | | 2, 159 | 1 |
| 19. 00 | Excess of customary charges over reasonable cost (complete onlinstructions) | y if line 18 exceeds lir | ne 11) (see | 1, 844 | 19. 00 |
| 20. 00 | Excess of reasonable cost over customary charges (complete onl | vifline 11 exceeds lin | ne 18) (see | 0 | 20. 00 |
| 20.00 | instructions) | y execute | .0 .0) (000 | | 20.00 |
| 21. 00 | Lesser of cost or charges (see instructions) | | | 315 | ł |
| 22. 00 | Interns and residents (see instructions) | uati ana) | | 0 | 22. 00 |
| 23. 00 24. 00 | Cost of physicians' services in a teaching hospital (see instr Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) | uctions) | | 17, 692, 686 | 23. 00 24. 00 |
| 24.00 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | 17, 072, 000 | 24.00 |
| 25. 00 | Deductibles and coinsurance amounts (for CAH, see instructions |) | | 0 | 25. 00 |
| 26. 00 | Deductibles and Coinsurance amounts relating to amount on line | | | 3, 230, 838 | |
| 27. 00 | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plinstructions) | lus the sum of lines 22 | and 23] (see | 14, 462, 163 | 27. 00 |
| 28. 00 | Direct graduate medical education payments (from Wkst. E-4, li | ne 50) | | 129, 597 | 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) | | | 14, 591, 760 | |
| 31. 00 | Primary payer payments | | | 0 | 31.00 |
| 32. 00 | Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVIC | FS) | | 14, 591, 760 | 32.00 |
| 33. 00 | Composite rate ESRD (from Wkst. I-5, line 11) | | | 0 | 33. 00 |
| 34.00 | Allowable bad debts (see instructions) | | | 301, 089 | 1 |
| 35. 00 | Adjusted reimbursable bad debts (see instructions) | | | 195, 708 | |
| 36. 00 37. 00 | Allowable bad debts for dual eligible beneficiaries (see instr Subtotal (see instructions) | uctions) | | 187, 589 14, 787, 468 | |
| 38. 00 | | | | | 38.00 |
| 39. 00 | 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 | ad davisas (saa instrus | tions) | 0 | 39. 97 |
| 39. 99 | Partial or full credits received from manufacturers for replac RECOVERY OF ACCELERATED DEPRECIATION | ed devices (see ilistruc | LI UIIS) | 0 | 39. 98 39. 99 |
| 40. 00 | Subtotal (see instructions) | | | 14, 784, 837 | 1 |
| 40. 01 | Sequestration adjustment (see instructions) | | | 0 | 40. 01 |
| 40. 02 | Demonstration payment adjustment amount after sequestration | | | 0 | 40. 02 |
| 40. 03 41. 00 | Sequestration adjustment-PARHM pass-throughs Interim payments | | | 15, 067, 226 | 40. 03 41. 00 |
| 41. 00 | Interim payments Interim payments-PARHM | | | 15,007,220 | 41.00 |
| 42.00 | Tentative settlement (for contractors use only) | | | 0 | 42. 00 |
| 42. 01 | Tentative settlement-PARHM (for contractor use only) | | | | 42. 01 |
| 43.00 | Balance due provider/program (see instructions) | | | -282, 389 | 43.00 |
| 43. 01 44. 00 | Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accordan | ce with CMS Pub 15-2 (| chapter 1 | 46, 389 | 43. 01 44. 00 |
| 77.00 | §115. 2 | oo wi tii omo rub. 10-2, (| mapter I, | 40, 307 | 1 00 |
| | TO BE COMPLETED BY CONTRACTOR | | | | |
| | Original outlier amount (see instructions) | | | 0 | • |
| 91. 00 92. 00 | Outlier reconciliation adjustment amount (see instructions) | | | 0 0.00 | 91. 00 92. 00 |
| 93. 00 | The rate used to calculate the Time Value of Money Time Value of Money (see instructions) | | | 0.00 | 93.00 |
| | Total (sum of lines 91 and 93) | | | 0 | |
| | | | | | |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|-----------------------------|---------------------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet E Part B |
| | Component CCN: 15-S004 | | Date/Time Prepared: 5/30/2022 8:09 pm |
| | Title XVIII | Subprovi der - | PPS |

| | litte XVIII Subprovider - IPF | 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) | 5, 138 | |
| 3. 00 4. 00 | OPPS payments Outlier payment (see instructions) | 1, 942 | 3. 00 4. 00 |
| 4. 00 | Outlier reconciliation amount (see instructions) | | 4. 00 |
| 5. 00 | Enter the hospital specific payment to cost ratio (see instructions) | 0.000 | 5. 00 |
| 6.00 | Line 2 times line 5 | 0 | 6. 00 |
| 7.00 | Sum of lines 3, 4, and 4.01, divided by line 6 | 0.00 | 7.00 |
| 8. 00 9. 00 | Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200 | 0 148 | 8. 00 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 | | |
| 12. 00 | Reasonable charges Ancillary service charges | 0 | 12. 00 |
| 13. 00 | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69) | Ö | 13. 00 |
| 14. 00 | | 0 | 14. 00 |
| 15 00 | Customary charges | 0 | 15. 00 |
| 15. 00 16. 00 | Aggregate amount actually collected from patients liable for payment for services on a charge basis Amounts that would have been realized from patients liable for payment for services on a chargebasis | | 16. 00 |
| | 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 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 |
| 21. 00 22. 00 | Lesser of cost or charges (see instructions) Interns and residents (see instructions) | | 21. 00 22. 00 |
| 23. 00 | Cost of physicians' services in a teaching hospital (see instructions) | Ö | 23. 00 |
| 24. 00 | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) | 2, 090 | 24. 00 |
| 25. 00 | COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance amounts (for CAH, see instructions) | 0 | 25. 00 |
| 26. 00 | Deductibles and Coinsurance amounts (for CAH, see instructions) | 229 | 26. 00 |
| 27. 00 | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see | 1, 861 | 27. 00 |
| 28. 00 | Instructions) 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) | | 29. 00 |
| 30. 00 | Subtotal (sum of lines 27 through 29) | 1, 861 | 30. 00 |
| 31.00 | Pri mary payer payments | 0 | 31.00 |
| 32. 00 | Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | 1, 861 | 32. 00 |
| 33. 00 | | 0 | 33. 00 |
| | Allowable bad debts (see instructions) | 0 | 34. 00 |
| 35. 00 | Adjusted reimbursable bad debts (see instructions) | 0 | 35. 00 36. 00 |
| | Allowable bad debts for dual eligible beneficiaries (see instructions) Subtotal (see instructions) | 1 | |
| | MSP-LCC reconciliation amount from PS&R | 1 | 38. 00 |
| 39. 00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | 0 | |
| 39. 50 39. 97 | Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration | 0 | 39. 50 39. 97 |
| 39. 98 | Partial or full credits received from manufacturers for replaced devices (see instructions) | | 39. 98 |
| 39. 99 | RECOVERY OF ACCELERATED DEPRECIATION | 0 | 39. 99 |
| 40.00 | Subtotal (see instructions) | 1, 861 | 40.00 |
| 40. 01 40. 02 | Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration | 0 | 40. 01 40. 02 |
| 40. 02 | Sequestration payment adjustment amount after sequestration | | 40. 02 |
| 41. 00 | Interim payments | 1, 712 | 41. 00 |
| 41. 01 | Interim payments-PARHM | | 41. 01 |
| 42. 00 42. 01 | Tentative settlement (for contractors use only) Tentative settlement-PARHM (for contractor use only) | 0 | 42. 00 42. 01 |
| 43. 00 | Balance due provider/program (see instructions) | 149 | 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, chapter 1, | 0 | 44. 00 |
| | §115. 2 TO BE COMPLETED BY CONTRACTOR | | |
| 90. 00 | Original outlier amount (see instructions) | 0 | 90. 00 |
| | Outlier reconciliation adjustment amount (see instructions) | 0 | |
| 92. 00 93. 00 | The rate used to calculate the Time Value of Money Time Value of Money (see instructions) | 0.00 | 92. 00 93. 00 |
| | Total (sum of lines 91 and 93) | 1 | 94.00 |
| | | | |

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet E-1 | From 01/01/2021 | Part | | To 12/31/2021 | Date/Time Prepared: | From 20020 | Period 20020 | Peri Health Financial Systems FRAN ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0004

| | | | | 10 12/31/2021 | 5/30/2022 8: 09 | |
|----------------|---|------------|-------------|---------------|-----------------|----------------|
| | | Titl∈ | XVIII | Hospi tal | PPS | |
| | | Inpatier | nt Part A | Par | rt 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 | | 12, 201, 59 | 2 | 15, 067, 226 | 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, | | | | | |
| 0.00 | write "NONE" or enter a zero | | | | | 0.00 |
| 3. 00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate | | | | | 3. 00 |
| | for the cost reporting period. Also show date of each | | | | | |
| | payment. If none, write "NONE" or enter a zero. (1) | | | | | |
| | Program to Provider | | l | | | |
| 3. 01 | ADJUSTMENTS TO PROVIDER | 12/01/2021 | 92, 90 | 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 |
| | Provi der to Program | | 1 | _ | _ | |
| 3.50 | ADJUSTMENTS TO PROGRAM | | | 0 | 0 | 3. 50 |
| 3. 51 3. 52 | | | 1 | 0 | 0 | 3. 51 3. 52 |
| 3. 52 | | | | 0 | 0 | 3. 52 |
| 3. 54 | | | l . | 0 | | 3. 54 |
| 3. 99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines | | 92, 90 | ~ | 0 | 3. 99 |
| 0. , , | 3. 50-3. 98) | | 12,70 | | | 0. ,, |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) | | 12, 294, 49 | 2 | 15, 067, 226 | 4.00 |
| | (transfer to Wkst. E or Wkst. E-3, line and column as | | | | | |
| | appropri ate) | | | | | |
| F 00 | TO BE COMPLETED BY CONTRACTOR | | I | | | F 00 |
| 5. 00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, | | | | | 5. 00 |
| | write "NONE" or enter a zero. (1) | | | | | |
| | Program to Provider | | 1 | | | |
| 5. 01 | TENTATI VE TO PROVI DER | | | 0 | 0 | 5. 01 |
| 5.02 | | | | 0 | 0 | 5. 02 |
| 5.03 | | | | 0 | 0 | 5. 03 |
| | Provi der to Program | | 1 | _ | | |
| 5. 50 | TENTATI VE TO PROGRAM | | 1 | 0 | 0 | 5. 50 |
| 5. 51 5. 52 | | | 1 | 0 | 0 | 5. 51 5. 52 |
| 5. 52 5. 99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines | | 1 | 0 | 0 | 5. 52 5. 99 |
| 5. 77 | 5. 50-5. 98) | | | 0 | | 5. 77 |
| 6.00 | Determined net settlement amount (balance due) based on | | | | | 6. 00 |
| 00 | the cost report. (1) | | | | | 55 |
| 6. 01 | SETTLEMENT TO PROVIDER | | 1, 246, 57 | 0 | 0 | 6. 01 |
| 6. 02 | SETTLEMENT TO PROGRAM | | | 0 | 282, 389 | 6. 02 |
| 7. 00 | Total Medicare program liability (see instructions) | | 13, 541, 06 | | 14, 784, 837 | 7. 00 |
| | | | | Contractor | NPR Date | |
| | | | 0 | Number | (Mo/Day/Yr) | |
| 8. 00 | Name of Contractor | | J | 1. 00 | 2. 00 | 8. 00 |
| 3.00 | Indino of contractor | ı | | | ı l | 0.00 |

Component CCN: 15-S004

| | | | | | 5/30/2022 8: 0 | 9 pm |
|----------------|---|------------|-----------|----------------|-------------------|----------------|
| | | Title | · XVIII | Subprovi der - | PPS | |
| | | I npati en | it Part A | I PF Par | t B | |
| | | | | | | |
| | | mm/dd/yyyy | Amount | mm/dd/yyyy | Amount | |
| 1 00 | | 1. 00 | 2.00 | 3. 00 | 4. 00 | 1 |
| 1. 00 2. 00 | Total interim payments paid to provider | | 473, 78 | 2 | 1, 712 | 1. 00 2. 00 |
| 2.00 | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for | | | ٥ | U | 2.00 |
| | 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 | | | 0 | 0 | 3. 01 |
| 3. 02 | | | | O | 0 | 3. 02 |
| 3.03 | | | | 0 | 0 | 3. 03 |
| 3.04 | | | | 0 | 0 | 3. 04 |
| 3. 05 | | | | 0 | 0 | 3. 05 |
| 3. 50 | Provider to Program ADJUSTMENTS TO PROGRAM | | T . | 0 | 0 | 3. 50 |
| 3. 51 | ADJUSTWENTS TO PROGRAW | | | 0 | | 3. 50 |
| 3. 52 | | | • | 0 | Ö | |
| 3.53 | | | | O | 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) | | 473, 78. | 2 | 1, 712 | 4. 00 |
| | (transfer to Wkst. E or Wkst. E-3, line and column as | | | | | |
| | appropriate) TO BE COMPLETED BY CONTRACTOR | | | | | |
| 5. 00 | List separately each tentative settlement payment after | | | | | 5.00 |
| 0.00 | desk review. Also show date of each payment. If none, | | | | | 0.00 |
| | write "NONE" or enter a zero. (1) | | | | | |
| | Program to Provider | | 1 | _1 | _ | |
| 5. 01 | TENTATI VE TO PROVI DER | | | 0 | 0 | |
| 5. 02 5. 03 | | | | 0 | | |
| 5.05 | Provider to Program | | ' | U _I | 0 | 3.03 |
| 5. 50 | TENTATI VE TO PROGRAM | | | 0 | 0 | 5. 50 |
| 5. 51 | | |] | 0 | 0 | 5. 51 |
| 5. 52 | | | | 0 | 0 | |
| 5. 99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | | 0 | 0 | 5. 99 |
| 6.00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | | | 6. 00 |
| 6. 01 | SETTLEMENT TO PROVIDER | | 2, 56 | | 149 | 6. 01 |
| 6. 02 | SETTLEMENT TO PROGRAM | | | 0 | 0 | |
| 7. 00 | Total Medicare program liability (see instructions) | | 476, 34 | Contractor | 1,861 NPR Date | 7. 00 |
| | | | | Number | (Mo/Day/Yr) | |
| | | (| D | 1. 00 | 2. 00 | |
| 0.00 | Name of Contractor | | | | | 0 00 |

8.00 Name of Contractor

| Heal th | Financial Systems FRANCISCAN HEALT | TH HAMMOND | In Lie | u of Form CMS-: | 2552-10 |
|---------|--|--------------------------|----------------------------------|----------------------------|---------|
| CALCUL | ATION OF REIMBURSEMENT SETTLEMENT FOR HIT | Provider CCN: 15-0004 | Peri od: | Worksheet E-1 | |
| | | | From 01/01/2021 To 12/31/2021 | Part II Date/Time Pre | pared: |
| | | | | 5/30/2022 8:0 | |
| | | Title XVIII | Hospi tal | PPS | |
| | | | | | |
| | | | | 1. 00 | |
| | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS | | | | |
| | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION | | | | |
| 1. 00 | Total hospital discharges as defined in AARA §4102 from Wkst. | - | | | 1. 00 |
| 2.00 | Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and | 8 through 12, and plus f | or cost | | 2. 00 |
| | reporting periods beginning on or after 10/01/2013, line 32) | | | | |
| 3.00 | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2 | | | | 3. 00 |
| 4. 00 | Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines | 1, and 8 through 12, and | plus for cost | | 4. 00 |
| F 00 | reporting periods beginning on or after 10/01/2013, line 32) | | | | F 00 |
| 5.00 | Total hospital charges from Wkst C, Pt. I, col. 8 line 200 | | | | 5. 00 |
| 6.00 | Total hospital charity care charges from Wkst. S-10, col. 3 I | | | | 6.00 |
| 7. 00 | CAH only - The reasonable cost incurred for the purchase of ciline 168 | ertified HII technology | WKST. S-2, PT. I | | 7. 00 |
| 8.00 | Calculation of the HIT incentive payment (see instructions) | | | | 8.00 |
| 9. 00 | Sequestration adjustment amount (see instructions) | | | | 9. 00 |
| 10.00 | Calculation of the HIT incentive payment after sequestration | (see instructions) | | | 10. 00 |
| | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH | , | | | |
| 30.00 | Initial/interim HIT payment adjustment (see instructions) | | | | 30. 00 |
| 31.00 | Other Adjustment (specify) | | | | 31. 00 |
| 32. 00 | Balance due provider (line 8 (or line 10) minus line 30 and l | ine 31) (see instruction | s) | | 32. 00 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|-----------------------------|-----------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet E-3 |
| | Component CCN: 15-S004 | | |
| | Title XVIII | Subprovi der - I PF | PPS |
| | · · | | |

| DART 11 - MEDICARE PART A SERVICES - IPF PPS | | IPF | | |
|---|--------|--|-----------|--------|
| PART II - MEDICARE PART A SERVICES - IPF PS | | | | |
| Net Federal I IFF PPS Payments (excluding outlier, ECT, and medical education payments) | | DADT H. MEDICADE DADT A CEDIMORO. LDE DOC | 1.00 | |
| 13,514 2.00 | 1 00 | | F71 711 | 1 00 |
| 3.00 Net IFF PPS ECT Payments 0.3.00 | | | | |
| Unweighted intern and resident FTE count in the most recent cost report filed on or before November 0.00 4.00 | | | | |
| 15. 2004. (see instructions) 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 CRF \$412.42(d)(I)(I)(F(f)(f) or (2) (see instructions) 5. 00 New Teaching program adjustment. (see instructions) 6. 00 Current year's unweighted FTE count of IAR excluding FTEs in the new program growth period of a "new teaching program" (see instructions) 7. 00 Teaching program. (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 8. 00 Intern and resident count for IAR PERIOD (and the program growth period of a "new teaching program" (see instructions) 9. 00 Intern and Period (internal growth g | | | | |
| 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 CFR §412.424(0)(1)(iii)(F(1) or (2) (see instructions) 0.00 5.00 | 4.00 | | 0.00 | 4.00 |
| program or hospital closure. That would not be counted without a temporary cap adjustment under 42′ CFR \$412.42(d)(i)(i)(i)(i)(i)(f)(i) (7) (2) (see instructions) 5.00 New Teaching program adjustment. (see instructions) 7.00 Current year's unweighted FTE count of IAR excluding FTEs in the new program growth period of a "new teaching program" (see instructions) 8.00 Intern year's unweighted FAE FTE count for residents within the new program growth period of a "new teaching program" (see instructions) 8.00 Intern and resident count for IFP FPS medical education adjustment (see instructions) 8.00 Intern and resident count for IFP FPS medical education adjustment (see instructions) 8.00 Intern and resident reactor (if(-1) (in le B/I ine 9)) ralsed to the power of .5150 -1). 9.00 Average Daily Census (see instructions) 9.00 Average Daily Census (see instructions) 10.00 Teaching Adjustment Factor (if(-1) (in le B/I ine 10). 11.00 Teaching Adjustment Factor (if(-1) (in le B/I ine 10). 12.00 Adjustment (in le multiplied by line 10). 13.00 Control of the residual of the program adjustment (see instruction) 14.00 Control of the residual of the program adjustment (see instruction) 15.00 Control of the residual of the program adjustment (see instructions) 16.00 Control of physicians services in a teaching hospital (see instructions) 17.00 Primary payer payments 18.00 Subtotal (ine 16 less line 17). 18.00 Subtotal (ine 16 less line 17). 18.00 Subtotal (ine 18 minus line 19) 18.00 Control of the residual of the program adjustment (see instructions) 18.00 Control of the residual of the program adjustment (see instructions) 18.00 Control of the residual of the program adjustment (see instructions) 18.00 Control of the residual of the program adjustment (see instructions) 18.00 Control of the residual of the program adjustment (see instructions) 18.00 Control of the residual of the program (in payment adjustment (see instructions) 18.00 Control of the residual of the program (in payment adjustment (see | / O1 | | 0.00 | / ∩1 |
| CFR 5412. 424(d) (1) (11) (F) (1) or (2) (see Instructions) 0.00 5.00 | 4.01 | | 0.00 | 4.01 |
| New Teaching program adjustment. (see Instructions) 0.00 5.00 | | | | |
| Courrent year's unweighted FTE count of IAR excluding FTEs in the new program growth period of a "new teaching program" (see Instructions) Current year's unweighted IAR FTE count for residents within the new program growth period of a "new teaching program" (see Instructions) Current year's unweighted IAR FTE count for residents within the new program growth period of a "new teaching program" (see Instructions) Current year's unweighted IAR FTE count for residents within the new program growth period of a "new teaching program" (see Instructions) Current year's unweighted IAR FTE count for residents within the new program growth period of a "new teaching program" (see Instructions) Current year's unweighted IAR FTE count for residents within the new program growth period of a "new teaching program" (see Instructions) Current year's payer payer payer payer payer payer to (11 to 10 teaching Add Justment Factor (((1 + (I in e II) in e II) the program acquisition (ID NOT USE THIS LINE) Current year's payer paye | 5. 00 | | 0.00 | 5. 00 |
| teaching program" (see instructions) 0.00 7.00 | | | | • |
| teaching program" (see instructions) | | | | |
| 1.0 | 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 |
| Average Dail y Census (see instructions) 20. 542466 9. 00. 000000 10. 00 Teaching Adjustment Factor (f(1 + (line 8 /line 9)) raised to the power of .5150 -1). 0. 000000 10. 00 | | teaching program" (see instuctions) | | |
| 10. 00 Teaching Adjustment Factor {((1 + (line B/line 9)) raised to the power of .5150 -1). 0. 000000 0. 00 1. 00 | | Intern and resident count for IPF PPS medical education adjustment (see instructions) | 0. 00 | |
| 11. 00 Teaching Adjustment (line 1 multiplied by line 10). 585, 25 52. 00 13. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 15. 00 0. 00 | | | | |
| 12 00 Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11) 13 00 13 00 13 00 14 00 0 organ acquisition (DO NOT USE THIS LINE) 14 00 15 00 | | | | |
| 13. 00 Nursing and Allied Health Managed Care payment (see instruction) 0 13. 00 14. 00 15 | | | - | |
| 14. 00 Organ acquisition (DO NOT USE THIS LINE) 14. 00 15. | | | | |
| 15. 00 | | | 0 | |
| 16. 00 Subtotal (see instructions) 585, 225 16. 00 17. 00 Primary payer payments 0 17. 00 18. 00 Subtotal (line 16 less line 17). 585, 225 18. 00 19. 00 Deductibles 71, 232 19. 00 19. 00 Deductibles 71, 232 19. 00 19. 00 Coinsurance 40, 211 21. 00 21. 00 Coinsurance 40, 211 21. 00 22. 00 Subtotal (line 20 minus line 21) 473, 782 22. 00 23. 00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 0 23. 00 24. 00 Adjusted reimbursable bad debts (see instructions) 0 24. 00 25. 00 Allowable bad debts for dual eligible beneficiaries (see instructions) 0 25. 00 26. 00 Subtotal (sum of lines 22 and 24) 473, 782 26. 00 27. 00 Direct graduate medical education payments (see instructions) 0 27. 00 28. 00 Other pass through costs (see instructions) 2, 563 28. 00 29. 00 Other pass through costs (see instructions) 2, 563 28. 00 29. 00 Other pass through costs (see instructions) 0 30. 50 29. 00 Other pass through costs (see instructions) 0 30. 50 29. 00 Other pass through costs (see instructions) 0 30. 50 29. 00 Other pass through costs (see instructions) 0 30. 50 29. 00 Other pass through costs (see instructions) 0 30. 50 29. 00 Other pass through costs (see instructions) 0 30. 50 29. 00 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 30. 50 20. 01 Other pass through costs (see instructions) 0 | | | | |
| 17. 00 | | | · | 10.00 |
| 18.00 Subtotal (line 16 less line 17). 585, 225 18.00 Deductibles 71, 232 19.00 20.00 Subtotal (line 18 minus line 19) 513, 993 20.00 21.00 Coinsurance 40, 211 21.00 22.00 23.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 0 23.00 24.00 Adjusted relimbursable bad debts (see instructions) 0 24.00 25.00 25.00 Allowable bad debts (exclude bad debts (see instructions) 0 25.00 26. | | | | |
| 19.00 Deductibles | | | | |
| 20.00 Subtotal (line 18 minus line 19) 20.00 21.00 Coinsurance 40.211 21.00 22.00 Subtotal (line 20 minus line 21) 473,782 22.00 23.00 All owable bad debts (exclude bad debts for professional services) (see instructions) 0.23.00 23.00 24.00 Adjusted reimbursable bad debts (see instructions) 0.24.00 25.00 25.00 26.00 Subtotal (sum of lines 22 and 24) 473,782 26.00 27.00 | | · · · · · · · · · · · · · · · · · · · | | |
| 21.00 | | | | |
| 22.00 Subtotal (line 20 minus line 21) 473,782 22.00 23.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 0 23.00 24.00 Adjusted reimbursable bad debts (see instructions) 0 24.00 25.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 0 25.00 25.0 | | | | |
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| 25.00 | | , , | | |
| 26.00 Subtotal (sum of lines 22 and 24) 27.00 Direct graduate medical education payments (see instructions) 27.00 Direct graduate medical education payments (see instructions) 28.00 Other pass through costs (see instructions) 29.00 Other pass through costs (see instructions) 30.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 30.50 Pioneer ACO demonstration payment adjustment (see instructions) 30.98 Recovery of accelerated depreciation. 30.99 Demonstration payment adjustment amount before sequestration 30.99 John constration payment adjustment (see instructions) 30.99 John constration payment adjustment (see instructions) 30.99 John constration payment adjustment (see instructions) 30.99 John constration payment adjustment amount after sequestration 30.99 John constration payment adjustment amount after sequestration 30.99 John constration payment adjustment amount after sequestration 31.01 Sequestration adjustment (see instructions) 32.00 Interim payments 33.00 Tentative settlement (for contractor use only) 34.00 Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33) 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 35.00 Original outlier amount from Worksheet E-3, Part II, line 2 35.00 The rate used to calculate the Time Value of Money 36.00 Outlier reconciliation adjustment amount (see instructions) 37.00 Outlier reconciliation adjustment amount (see instructions) 38.00 The rate used to calculate the Time Value of Money 39.00 Time Value of Money (see instructions) 30.01 Time Value of Money (see instructions) 30.02 Time Value of Money (see instructions) 30.03 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 30.00 October 19.00 | 24.00 | Adjusted reimbursable bad debts (see instructions) | 0 | 24. 00 |
| 27. 00 Direct graduate medical education payments (see instructions) 0 27. 00 28. 00 Other pass through costs (see instructions) 2,563 28. 00 29. 00 Outlier payments reconciliation 0 29. 00 30. 00 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 30. 00 30. 50 Pioneer ACO demonstration payment adjustment (see instructions) 0 30. 50 30. 98 Recovery of accelerated depreciation. 0 30. 99 90 Demonstration payment adjustment amount before sequestration 0 30. 99 31. 01 Sequestration adjustment (see instructions) 476, 345 31. 00 31. 02 Demonstration payment adjustment amount after sequestration 0 31. 01 32. 00 Interim payments 473, 782 32. 00 33. 00 Tentative settlement (for contractor use only) 0 33. 00 34. 00 Bal ance due provider/program (line 31 minus lines 31. 01, 31. 02, 32 and 33) 2, 563 34. 00 35. 00 To BE COMPLETED BY CONTRACTOR 35. 00 50. 00 To BE COMPLETED BY CONTRACTOR 50. 00 51. 00 The rate used to calcul | 25.00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | 0 | 25. 00 |
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| 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. 98 Recovery of accelerated depreciation. 0 30. 50 30. 99 Demonstration payment adjustment amount before sequestration 0 30. 99 31. 01 Sequestration adjustment (see instructions) 476, 345 31. 00 31. 02 Sequestration adjustment (see instructions) 0 31. 01 31. 02 Demonstration payment adjustment amount after sequestration 0 31. 01 31. 02 Demonstration payment adjustment amount after sequestration 0 31. 01 31. 02 Demonstration payment adjustment amount after sequestration 0 31. 01 32. 00 Interim payments 473, 782 32. 00 33. 00 Tentative settlement (for contractor use only) 0 33. 00 34. 00 Bal ance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33) 2, 563 34. 00 35. 00 For Cobst calculation adjustment amount (see instructions) 0 <t< td=""><td>27. 00</td><td>Direct graduate medical education payments (see instructions)</td><td>0</td><td>27. 00</td></t<> | 27. 00 | Direct graduate medical education payments (see instructions) | 0 | 27. 00 |
| 30.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 30.00 30.50 30.00 30.50 30.00 30.50 30.98 30.98 30.99 30.09 30.99 30.09 30.99 30.00 30.99 30.00 30.99 30.00 30.99 30.00 30.99 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.09 30.00 30.00 30.09 30.00 | 28. 00 | Other pass through costs (see instructions) | 2, 563 | 28. 00 |
| Pioneer ACO demonstration payment adjustment (see instructions) Recovery of accelerated depreciation. Demonstration payment adjustment amount before sequestration Total amount payable to the provider (see instructions) Sequestration adjustment (see instructions) Sequestration payment adjustment amount after sequestration Demonstration payment adjustment amount after sequestration Demonstration payment adjustment amount after sequestration Interim payments Tentative settlement (for contractor use only) Affa, 782 To example 1 and 1 | | | | |
| 30. 98 Recovery of accel erated depreciation. 0 30. 98 30. 99 Demonstration payment adjustment amount before sequestration 0 30. 99 31. 00 Total amount payable to the provider (see instructions) 476, 345 31. 00 31. 01 Sequestration adjustment (see instructions) 0 31. 01 31. 02 Demonstration payment adjustment amount after sequestration 0 31. 02 32. 00 Interim payments 473, 782 32. 00 33. 00 Tentative settlement (for contractor use only) 0 33. 00 34. 00 Bal ance due provider/program (line 31 minus lines 31. 01, 31. 02, 32 and 33) 2, 563 34. 00 35. 00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35. 00 35. 00 Original outlier amount from Worksheet E-3, Part II, line 2 13, 514 50. 00 37. 00 Outlier reconciliation adjustment amount (see instructions) 0 51. 00 37. 00 The rate used to calculate the Time Value of Money 52. 00 37. 00 Time Value of Money (see instructions) 0 52. 00 37. 00 Time Value of Money (see instructions) 0 53. 00 37. 00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99. 00 | | | | |
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| 33.00 Tentative settlement (for contractor use only) 34.00 Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33) 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amount (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 0 35.00 Protested amounts (nonallow | | | | |
| 34.00 Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33) 2, 563 34.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 55.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 55.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 55.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 55.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 55.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 55.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. | | | | |
| 35.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 35.00 \$\frac{\text{S115.2}}{\text{TO BE COMPLETED BY CONTRACTOR}}\$ 50.00 Original outlier amount from Worksheet E-3, Part II, line 2 13,514 50.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | , | | |
| \$115.2 TO BE COMPLETED BY CONTRACTOR 50.00 Original outlier amount from Worksheet E-3, Part II, line 2 0utlier reconciliation adjustment amount (see instructions) 13,514 50.00 51.00 The rate used to calculate the Time Value of Money 10.00 52.00 Time Value of Money (see instructions) 10.00 FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE 99.00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99.00 | | | | |
| TO BE COMPLETED BY CONTRACTOR 50.00 Original outlier amount from Worksheet E-3, Part II, line 2 | 33.00 | | ١ | 33.00 |
| 50.00 Original outlier amount from Worksheet E-3, Part II, line 2 Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money Time Value of Money (see instructions) FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE 99.00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99.00 | | | | |
| 51.00 Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money Time Value of Money (see instructions) FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE 99.00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99.00 | 50.00 | | 13, 514 | 50.00 |
| The rate used to calculate the Time Value of Money Time Value of Money (see instructions) FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE 99.00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99.00 | | | | |
| FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE 99.00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99.00 | 52.00 | | 0. 00 | 52. 00 |
| 99.00 Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020. 0.000000 99.00 | 53.00 | | | 53. 00 |
| | | · | | |
| 99.01 Calculated leaching Adjustment Factor for the current year. (see instructions) 0.000000 99.01 | | | | |
| | 99. 01 | Calculated leaching Adjustment Factor for the current year. (see instructions) | 0. 000000 | 99. 01 |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lieu of Form CMS-2552-10 |
|---|---------------------------|---|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | Peri od: Worksheet E-3 From 01/01/2021 Part VII To 12/31/2021 Date/Time Prepared: |

| NAT VII CALCULATION OF RETUBURSPANNT ALL OTHER HEALTH SERVICES FOR TITLES V.O. XIX SERVICES | | | - | Γο 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|--|--------|--|--------------------------------|---------------|-----------------------------|--------|
| Inpati ent | | | Title XIX | Hospi tal | | , biii |
| DART VII - CALCULATION OF RETINBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES | | | THO ALK | | | |
| DART VII - CALCILIATION OF BETIMBURSOMENT - ALL OTHER HEALTH SERVICES | | | | | | |
| COMPUTATION OF NET COST OF COVERED SERVICES 1.00 1.0 | | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER | VICES FOR TITLES V OR XIX | | 2.00 | |
| Impatient hospital/SNF/NE services | | | 11 020 1 01 11 1220 1 01 7 1 7 | . 02 020 | | 1 |
| Medical and other services 0 2.00 | 1.00 | | | 0 | | 1.00 |
| 0 | | 1 ' | | | 0 | |
| Subtotal (sum of lines 1, 2 and 3) | | | | 0 | Ü | |
| Inpat Inpa | | , | | | 0 | |
| 0.00 Outpatient primary payer payments 0.00 0.70 0.00 0.00 0.70 0.00 | | | | | Ü | |
| Subtotal (Line 4 less sum of lines 5 and 6) | | 1 | | | 0 | |
| COMPUTATION OF LESSER OF COST OR CHARGES 8.00 Routh ne service charges 8.00 Routh ne service charges 6.776, 471 31, 956, 275 9.00 7 | | | | 0 | | |
| Reasonable Charges 8.00 Routine service charges 6.776, 471 31, 956, 275 9.00 | | | | -1 | | |
| Routine service charges | | | | | | 1 |
| 9,00 Ancillary service charges 6,776,471 31,956,275 9,00 | 8.00 | | | 0 | | 8.00 |
| 11.00 Incentive from target amount computation 0 0 0 776,471 21.00 COLORDIAN CHARGES 0 0 0 0 0 0 0 0 0 | 9.00 | 1 | | 6, 776, 471 | 31, 956, 275 | 9. 00 |
| 12.00 Total reasonable charges (sum of lines 8 through 11) 12.00 21.00 | 10.00 | Organ acquisition charges, net of revenue | | 0 | | 10.00 |
| CUSTOWARY CHARGES 0 0 13.00 | 11.00 | Incentive from target amount computation | | 0 | | 11. 00 |
| 13. 00 Amount actually collected from patients | 12.00 | Total reasonable charges (sum of lines 8 through 11) | | 6, 776, 471 | 31, 956, 275 | 12. 00 |
| basis | | CUSTOMARY CHARGES | | | | |
| 14.00 Amounts that would have been realized from patients Liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) 0.000000 0.000000 15.00 16.00 101d customary charges (see instructions) 0.000000 0.000000 15.00 101d customary charges over reasonable cost (complete only if line 16 exceeds 6,776,471 31,956,275 17.00 11ne 4) (see instructions) 11ne 4) (see instructions) 16.00 1 | 13.00 | Amount actually collected from patients liable for payment for | services on a charge | 0 | 0 | 13. 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) 16. 00 Total customary charges (see instructions) 17. 00 Excess of customary charges (see instructions) 18. 00 Excess of customary charges over reasonable cost (complete only if line 16 exceeds 1.000000) 18. 00 Excess of reasonable cost over customary charges (complete only if line 4 exceeds 1.000000) 19. 00 Excess of reasonable cost over customary charges (complete only if line 4 exceeds 1.000000) 19. 00 Interns and Residents (see instructions) 19. 00 Interns and Residents (see instructions) 19. 00 Cost of physicians' services in a teaching hospital (see instructions) 10. 00 Cost of payments (see instructions) 10. 00 Cost of covered services (enter the lesser of line 4 or line 16) 10. 00 ROSSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers. 12. 00 Utilier payments 10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0 | | | | | | |
| 15.00 | 14.00 | | | 0 | 0 | 14. 00 |
| 16. 00 Total customary charges (see instructions) 16. 00 Excess of customary charges over reasonable cost (complete only if line 16 exceeds 1.76, 471 31, 956, 275 16. 00 1.00 | | 1 3 | 2 CFR §413.13(e) | | | |
| 17.00 Excess of customary charges over reasonable cost (complete only if line 16 exceeds 6,776, 471 31,956,275 17.00 | | 1 | | | | 1 |
| 11 | | , | | | | |
| 18. 00 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions) 19. 00 | 17. 00 | | y if line 16 exceeds | 6, 776, 471 | 31, 956, 275 | 17. 00 |
| 16) (see instructions) | 40.00 | | | | 0 | 40.00 |
| 19. 00 Interns and Residents (see instructions) 0 0 19. 00 20. | 18.00 | | y IT line 4 exceeds line | 0 | 0 | 18.00 |
| 20.00 Cost of physicians' services in a teaching hospital (see instructions) 0 0 20.00 21.00 22.00 23.00 24.00 25. | 10.00 | , , , | | | 0 | 10 00 |
| 21.00 | | | rusti ons) | _ | - | |
| PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers. 22. 00 Other than outlier payments | | | | - | - | |
| 22.00 Other than outlier payments 0 0 22.00 | 21.00 | | | - | 0 | 21.00 |
| 23.00 Outlier payments 0 0 23.00 24.00 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) 0 27.00 28.00 Customary charges (title V or XIX PPS covered services only) 0 28.00 29.00 Outline and Ancillary service other pass through costs 0 0 27.00 29.00 Outline and Ancillary service other pass through costs 0 0 27.00 29.00 Outlies 0 0 0 0 20.00 Outlies 0 0 0 0 20.00 Outlies 0 0 20.00 | 22 00 | | compreted for FF3 provide | | 0 | 22 00 |
| 24.00 Program capital payments 0 24.00 25.00 Capital exception payments (see instructions) 0 25.00 Capital exception payments (see instructions) 0 0 25.00 Capital exception payments (see instructions) 0 0 26.00 Capital exception payments (see instructions) 0 0 26.00 Capital exception payments (sum of lines 22 through 26) 0 0 27.00 Capital exception payments (title V or XIX PPS covered services only) 0 0 28.00 Customary charges (title V or XIX PPS covered services only) 0 0 28.00 Computation of Reimburssement Settlement Computation of Reimburssement Computation of Reimbur | | 1 | | - | - | |
| 25. 00 Capital exception payments (see instructions) 26. 00 Routine and Ancillary service other pass through costs 27. 00 Subtotal (sum of lines 22 through 26) 28. 00 Customary charges (title V or XIX PPS covered services only) 29. 00 Titles V or XIX (sum of lines 21 and 27) 29. 00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 30. 00 Excess of reasonable cost (from line 18) 31. 00 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) 32. 00 Deductibles 33. 00 Coinsurance 34. 00 Allowable bad debts (see instructions) 35. 00 Utilization review 36. 00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 37. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 38. 00 Subtotal (line 36 ± line 37) 39. 00 Direct graduate medical education payments (from Wkst. E-4) 40. 00 Total amount payable to the provider (sum of lines 38 and 39) 41. 00 Hotosted amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 43. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 45. 00 26. 00 40. 00 26. 00 40. 00 28. 00 60 28. 00 60 28. 00 60 28. 00 60 28. 00 60 29. 00 60 29. 00 60 29. 00 60 20 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 29. 00 60 20 29. 00 60 29 | | , , | | | O | |
| 26. 00 Routine and Ancillary service other pass through costs 27. 00 Subtotal (sum of lines 22 through 26) 28. 00 Customary charges (title V or XIX PPS covered services only) 29. 00 Titles V or XIX (sum of lines 21 and 27) COMPUTATION OF REIMBURSEMENT SETTLEMENT 30. 00 Excess of reasonable cost (from line 18) 30. 00 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) 31. 00 Deductibles 30. 00 Allowable bad debts (see instructions) 31. 00 Allowable bad debts (see instructions) 32. 00 Utilization review 33. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 36. 00 Subtotal (line 36 ± line 37) 37. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 38. 00 Direct graduate medical education payments (from Wkst. E-4) 40. 00 Total amount payable to the provider (sum of lines 38 and 39) 41. 00 Horested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 0 26. 00 0 27. 00 0 0 27. 00 0 0 27. 00 0 0 28. 00 0 0 28. 00 0 0 30. 00 0 0 30. 00 0 0 31. 00 0 0 31. 00 0 0 32. 00 0 0 32. 00 0 0 33. 00 30. 00 31. 00 32. 00 34. 00 35. 00 36. 00 37. 00 38. 00 39. 00 39. 00 39. 00 39. 00 40. 00 41. 00 42. 00 43. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, | | | | | | |
| 27. 00 Subtotal (sum of lines 22 through 26) 0 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 0 29. 00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 30. 00 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) 0 0 31. 00 31. 00 Deductibles 0 0 0 32. 00 32. 00 Deductibles 0 0 0 33. 00 34. 00 Allowable bad debts (see instructions) 0 0 34. 00 35. 00 Utilization review 0 0 35. 00 36. 00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 0 0 36. 00 37. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 0 38. 00 38. 00 Subtotal (line 36 ± line 37) 0 0 38. 00 39. 00 Direct graduate medical education payments (from Wkst. E-4) 0 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 (10 me 40 minus line 41) 0 0 42. 00 43. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 0 43. 00 | | | | | 0 | |
| 28. 00 Customary charges (title V or XIX PPS covered services only) Titles V or XIX (sum of lines 21 and 27) COMPUTATION OF REIMBURSEMENT SETTLEMENT 30. 00 Excess of reasonable cost (from line 18) Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) Deductibles O | | | | | - | |
| 29.00 Titles V or XIX (sum of lines 21 and 27) COMPUTATION OF REIMBURSEMENT SETTLEMENT 30.00 Excess of reasonable cost (from line 18) Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) Deductibles Coinsurance Allowable bad debts (see instructions) Utilization review Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 31, 34 and 35 minus sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33) Therefore in the sum of lines 32 and 33 and 33 and 33 and 33 and 34 and 35 and | | | | | | |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT 30.00 Excess of reasonable cost (from line 18) 0 0 30.00 31.00 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) 0 0 31.00 32.00 33.00 Coinsurance 0 0 0 32.00 33.00 Allowable bad debts (see instructions) 0 0 34.00 35.00 Utilization review 0 35.00 35.00 Utilization review 0 35.00 35.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 0 0 36.00 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 0 37.00 38.00 Subtotal (line 36 ± line 37) 0 0 0 38.00 39.00 Direct graduate medical education payments (from Wkst. E-4) 0 0 39.00 41.00 Interim payments 0 0 41.00 Interim payments 0 0 41.00 42.00 Balance due provider/program (line 40 minus line 41) 0 0 42.00 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 0 43.00 | | | | o | 0 | 29. 00 |
| 31.00 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) 32.00 Deductibles 33.00 Coinsurance 34.00 Allowable bad debts (see instructions) 35.00 Utilization review 36.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 38.00 Subtotal (line 36 ± line 37) 39.00 Direct graduate medical education payments (from Wkst. E-4) 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Balance due provider/program (line 40 minus line 41) 42.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, | | , | | | | |
| 32.00 Deductibles 33.00 Coinsurance 33.00 Allowable bad debts (see instructions) 34.00 Allowable bad debts (see instructions) 35.00 Utilization review 36.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 38.00 Subtotal (line 36 ± line 37) 39.00 Direct graduate medical education payments (from Wkst. E-4) 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 42.00 Balance due provider/program (line 40 minus line 41) 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, | 30.00 | Excess of reasonable cost (from line 18) | | 0 | 0 | 30.00 |
| 33.00 Coinsurance 0 0 33.00 34.00 34.00 35.00 Utilization review 0 35.00 35.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 0 0 36.00 37.00 0 0 0 0 0 0 0 0 0 | 31.00 | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) | | o | 0 | 31.00 |
| 34.00 Allowable bad debts (see instructions) 0 34.00 35.00 Utilization review 0 35.00 36.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 0 0 36.00 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 0 37.00 38.00 Subtotal (line 36 ± line 37) 0 0 38.00 39.00 Direct graduate medical education payments (from Wkst. E-4) 0 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 42.00 Balance due provider/program (line 40 minus line 41) 0 0 42.00 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 43.00 | 32.00 | Deducti bl es | | o | 0 | 32. 00 |
| 35.00 Utilization review 36.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 38.00 Subtotal (line 36 ± line 37) 39.00 Direct graduate medical education payments (from Wkst. E-4) 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 42.00 Balance due provider/program (line 40 minus line 41) 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, | 33.00 | Coinsurance | | o | 0 | 33. 00 |
| 36.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 38.00 Subtotal (line 36 ± line 37) 0 0 38.00 39.00 Direct graduate medical education payments (from Wkst. E-4) 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 42.00 Balance due provider/program (line 40 minus line 41) 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, | 34.00 | Allowable bad debts (see instructions) | | 0 | 0 | 34.00 |
| 37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 0 37.00 38.00 Subtotal (line 36 ± line 37) 0 0 38.00 39.00 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 | 35.00 | Utilization review | | 0 | | 35. 00 |
| 38.00 Subtotal (line 36 ± line 37) 39.00 Direct graduate medical education payments (from Wkst. E-4) 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 42.00 Balance due provider/program (line 40 minus line 41) 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 38.00 39.00 0 40.00 0 41.00 0 42.00 | 36.00 | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and | l 33) | 0 | 0 | 36.00 |
| 39.00 Direct graduate medical education payments (from Wkst. E-4) 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 42.00 Balance due provider/program (line 40 minus line 41) 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 39.00 0 40.00 0 41.00 0 42.00 0 43.00 | 37.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | | 0 | 0 | 37. 00 |
| 40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 42.00 Balance due provider/program (line 40 minus line 41) 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 40.00 0 40.00 41.00 0 42.00 43.00 | | , | | | 0 | |
| 41.00 Interim payments 0 0 41.00 42.00 Balance due provider/program (line 40 minus line 41) 0 0 42.00 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 0 43.00 | | , , | | | | |
| 42.00 Balance due provider/program (line 40 minus line 41) 0 42.00 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 43.00 | | 1 | | | | |
| 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, 0 43.00 | | | | | - | |
| | | , | | | | 1 |
| chapter 1, §115.2 | 43.00 | , | ice with CMS Pub 15-2, | 0 | 0 | 43.00 |
| | | chapter 1, §115.2 | | | | İ |

| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2552-10 |
|---|---------------------------|-----------------------------|---------------------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 | Worksheet E-3 |
| | Component CCN: 15-S004 | To 12/31/2021 | Date/Time Prepared: 5/30/2022 8:09 pm |
| | Title XIX | Subprovi der - | PPS |

| | | II tie xix | I PF | PPS | |
|--------|--|------------------------|-----------|-------------|--------|
| | | | Inpatient | Outpati ent | |
| | | | 1. 00 | 2. 00 | |
| | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVIC | ES FOR TITLES V OR XIX | | 2.00 | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | | | | 1 |
| 1.00 | Inpatient hospital/SNF/NF services | | 0 | | 1.00 |
| 2.00 | Medical and other services | | | 0 | |
| 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 | | 0 | | 5. 00 |
| 6.00 | Outpatient primary payer payments | | | 0 | 6. 00 |
| 7.00 | Subtotal (line 4 less sum of lines 5 and 6) | | 0 | 0 | 7. 00 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | <u> </u> | | |
| | Reasonable Charges | | | | 1 |
| 8.00 | Routine service charges | | 0 | | 8. 00 |
| 9.00 | Ancillary service charges | | 0 | 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) | | 0 | 0 | 12. 00 |
| | CUSTOMARY CHARGES | | | | |
| 13. 00 | Amount actually collected from patients liable for payment for se | ervices on a charge | 0 | 0 | 13. 00 |
| | basis | | _ | _ | |
| 14. 00 | Amounts that would have been realized from patients liable for pa | 9 | 0 | 0 | 14. 00 |
| 45.00 | a charge basis had such payment been made in accordance with 42 (| FR §413.13(e) | 0.000000 | 0 000000 | 45.00 |
| 15.00 | Ratio of line 13 to line 14 (not to exceed 1.000000) | | 0.000000 | 0. 000000 | 1 |
| 16.00 | Total customary charges (see instructions) | £ 1: 1/ | 0 | 0 | |
| 17. 00 | Excess of customary charges over reasonable cost (complete only i | Tithe 16 exceeds | 0 | 0 | 17. 00 |
| 18. 00 | line 4) (see instructions) | fline 4 avecade line | 0 | 0 | 18. 00 |
| 16.00 | Excess of reasonable cost over customary charges (complete only i 16) (see instructions) | Title 4 exceeds fille | ٩ | U | 10.00 |
| 19. 00 | Interns and Residents (see instructions) | | o | 0 | 19. 00 |
| | Cost of physicians' services in a teaching hospital (see instruct | ions) | | 0 | |
| 21. 00 | Cost of covered services (enter the lesser of line 4 or line 16) | 1 6113) | o | 0 | |
| 21.00 | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be com | pleted for PPS provide | | | 200 |
| 22. 00 | Other than outlier payments | | 0 | 0 | 22. 00 |
| 23.00 | Outlier payments | | 0 | 0 | 23. 00 |
| 24.00 | 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) | | 0 | 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 | | | | |
| 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 | |
| 33. 00 | Coinsurance | | 0 | 0 | |
| | Allowable bad debts (see instructions) | | 0 | 0 | |
| 35. 00 | Utilization review | | 0 | _ | 35. 00 |
| 36. 00 | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33 | 5) | 0 | 0 | |
| | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | | 0 | 0 | |
| | Subtotal (line 36 ± line 37) | | 0 | 0 | |
| | 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 | |
| 41.00 | Interim payments Balance due provider/program (line 40 minus line 41) | | | 0 | |
| 42.00 | Protested amounts (nonallowable cost report items) in accordance | with CMS Dub 15 2 | | 0 | |
| 45.00 | chapter 1, §115.2 | with GWIS LUD 19-2, | ١ | U | 45.00 |
| | 0.14pt 0 | | 1 | | ı |

| | DUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT UCATION COSTS | Provider CC | CN: 15-0004 | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet E-4 Date/Time Prep 5/30/2022 8:00 | |
|-----------------|---|--------------|---------------------|--|---|-------------------|
| | | Title | XVIII | Hospi tal | PPS | |
| | | | | | 1. 00 | |
| | PUTATION OF TOTAL DIRECT GME AMOUNT | | · | | | |
| | eighted resident FTE count for allopathic and osteopathic ing on or before December 31, 1996. | programs for | cost reporti | ng perioas | 6. 11 | 1.00 |
| . 00 Unwe | eighted FTE resident cap add-on for new programs per 42 CF | | 1) (see instr | ructions) | 0. 00 | 2. 00 |
| | unt of reduction to Direct GME cap under section 422 of MM | | \$412.70 (m) | (000 | 1. 75 | 3.00 |
| | ect GME cap reduction amount under ACA §5503 in accordance tructions for cost reporting periods straddling 7/1/2011) | WITH 42 CFR | 9413.79 (111). | (See | 0. 00 | 3. 01 |
| 00 Adjι | ustment (plus or minus) to the FTE cap for allopathic and | | programs due | to a Medicare | 0. 00 | 4. 00 |
| | affiliation agreement (42 CFR §413.75(b) and § 413.79 (f) Section 5503 increase to the Direct GME FTE Cap (see inst | | cost reporti | na neri ods | 0.00 | 4. 0 ⁻ |
| | addling 7/1/2011) | ractions for | cost reporti | ng perrous | 0.00 | 7.0 |
| | Section 5506 number of additional direct GME FTE cap slot | s (see inst | ructions for | cost reporting | 0. 00 | 4. 02 |
| | iods straddling 7/1/2011) adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl | us or minus | line 4 plus l | ines 4 01 and | 4. 36 | 5.00 |
| 4. 02 | 2 plus applicable subscripts | | • | | | |
| | eighted resident FTE count for allopathic and osteopathic | programs for | the current | year from your | 1. 58 | 6. 00 |
| 1 | ords (see instructions) er the lesser of line 5 or line 6 | | | | 1. 58 | 7. 00 |
| <u>'</u> | | | Primary Car | | Total | |
| . 00 Wei d | ghted FTE count for physicians in an allopathic and osteop | athi c | 1.00 | 2. 00 | 3. 00 1. 58 | 8. 00 |
| | gram for the current year. | atilic | 0. (| 1. 30 | 1. 30 | 0.00 |
| mul 1 | ine 6 is less than 5 enter the amount from line 8, otherw tiply line 8 times the result of line 5 divided by the amo | | 0.0 | 1. 58 | 1. 58 | 9. 0 |
| 6. 0.00 Weid | ghted dental and podiatric resident FTE count for the curr | ent vear | | 2. 91 | | 10. 0 |
|). 01 Unwe | eighted dental and podiatric resident FTE count for the cu | , | | 2. 91 | | 10. 0 |
| | al weighted FTE count | / | 0.0 | 1 | | 11.0 |
| | al weighted resident FTE count for the prior cost reportin tructions) | g year (see | 0.0 | 7. 19 | | 12.00 |
| 3. 00 Tota | al weighted resident FTE count for the penultimate cost re | porti ng | 0.0 | 7. 91 | | 13. 00 |
| 12 | r (see instructions) Ling average FTE count (sum of Lines 11 through 13 divided | by 3) | 0.0 | 00 6. 53 | | 14. 00 |
| | ustment for residents in initial years of new programs | by 3). | 0.0 | 1 | | 15. 0 |
| | eighted adjustment for residents in initial years of new p | | 0. (| I I | | 15. 0 |
| | ustment for residents displaced by program or hospital clo | | 0.0 | | | 16. 0 16. 0 |
| | eighted adjustment for residents displaced by program or h sure | ospi tai | 0.0 | 0.00 | | 16.0 |
| 7. 00 Adj u | usted rolling average FTE count | | 0.0 | | | 17. 00 |
| | resident amount | | 94, 952. | | E07 100 | 18.0 |
| 9. 00 Appr | roved amount for resident costs | | | 0 587, 122 | 587, 122 | 19. 00 |
| | | | | | 1. 00 | |
| | itional unweighted allopathic and osteopathic direct GME F | TE resident | cap slots red | ceived under 42 | 0. 00 | 20.00 |
| 1 | . 413.79(c)(4) ect GME FTE unweighted resident count over cap (see instru | ctions) | | | 0.00 | 21. 0 |
| | owable additional direct GME FTE Resident Count (see instr | | | | 0.00 | |
| | er the locality adjustment national average per resident a | mount (see i | nstructions) | | 0. 00 | |
| 1 | tiply line 22 time line 23 al direct GME amount (sum of lines 19 and 24) | | | | 0 587, 122 | 24. 00 25. 00 |
| 3. 00 1010 | ar arrect dive allowite (Suil of Trines 17 and 24) | | Inpatient Pa | rt Managed Care | Total | 23.00 |
| | | | 1. 00 | 2. 00 | 3. 00 | |
| COMP | PUTATION OF PROGRAM PATIENT LOAD | | 1.00 | 2.00 | 3.00 | |
| 3. 02 | atient Days (see instructions) (Title XIX - see S-2 Part I 2, column 2) | X, line | 4, 9 | | | 26. 00 |
| 1 | al Inpatient Days (see instructions) | | 22, 23 | I | | 27. 0 |
| 1 | io of inpatient days to total inpatient days gram direct GME amount | | 0. 22300 130, 93 | 1 | 256, 214 | 28. 00 29. 00 |
| 1 ' | cent reduction for MA DGME | | 150, 7 | 4. 07 | 250, 214 | 29. 0 |
| | | | ı | I I | | |
| 1 | uction for direct GME payments for Medicare Advantage Program direct GME amount | | | 5, 099 | 5, 099 251, 115 | |

| | Financial Systems FRANCISCAN HEALT | | | u of Form CMS-2 | 2552-10 |
|---------|--|--------------------------|----------------------------------|-------------------------------|---------|
| | GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT | Provider CCN: 15-0004 | Peri od: | Worksheet E-4 | |
| MEDI CA | L EDUCATION COSTS | | From 01/01/2021 To 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | |
| | | Title XVIII | Hospi tal | PPS | |
| | | | | | |
| | | | | 1. 00 | |
| | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITL EDUCATION COSTS) | ` | | II CAL | |
| 32. 00 | Renal dialysis direct medical education costs (from Wkst. B, | Pt. I, sum of col. 20 an | d 23, lines 74 | 0 | 32. 00 |
| | and 94) | | | _ | |
| 33. 00 | | | 74 and 94) | 0 | |
| 34. 00 | 3 | ie 32 ÷ line 33) | | | |
| | Medicare outpatient ESRD charges (see instructions) | 0.4 11 05) | | 0 | 35.00 |
| 36.00 | Medicare outpatient ESRD direct medical education costs (line | | | 0 | 36. 00 |
| | APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII | UNLY | | | |
| 37. 00 | Part A Reasonable Cost Reasonable cost (see instructions) | | | 22 ((2 001 | 37. 00 |
| 38.00 | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69) | | | 23, 662, 891 0 | 38.00 |
| | Cost of physicians' services in a teaching hospital (see inst | | | 0 | 39.00 |
| | Primary payer payments (see instructions) | ructrons) | | 0 | 40.00 |
| | Total Part A reasonable cost (sum of lines 37 through 39 minu | us Lino 40) | | 23, 662, 891 | 41.00 |
| 41.00 | Part B Reasonable Cost | 15 11116 40) | | 23, 002, 091 | 41.00 |
| 42 00 | Reasonable cost (see instructions) | | | 25, 235, 994 | 42 00 |
| | Primary payer payments (see instructions) | | | 0 | 43.00 |
| 44. 00 | 31313 | | | 25, 235, 994 | |
| 45. 00 | Total reasonable cost (sum of lines 41 and 44) | | | 48, 898, 885 | |
| 46. 00 | , | e 41 ÷ line 45) | | 0. 483915 | |
| | Ratio of Part B reasonable cost to total reasonable cost (lin | | | 0. 516085 | |
| | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA | | | | |
| 48.00 | Total program GME payment (line 31) | | | 251, 115 | 48. 00 |
| 49.00 | Part A Medicare GME payment (line 46 x 48) (title XVIII only) | (see instructions) | | 121, 518 | 49.00 |
| | Part B Medicare GME payment (line 47 x 48) (title XVIII only) | | | 129, 597 | 50.00 |

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

Provider CCN: 15-0004

| oni y) | | | | 10 12/01/2021 | 5/30/2022 8:0 | 9 pm |
|------------------|---|----------------------------|--------------------------|----------------|---------------|--------|
| | | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund | |
| | | 1.00 | 2.00 | 3. 00 | 4.00 | |
| | CURRENT ASSETS | | ı | | _ | |
| 1. 00 2. 00 | Cash on hand in banks Temporary investments | 7, 417, 777 | | 0 0 | 0 | |
| 3. 00 | Notes receivable | | | | 0 | |
| 4. 00 | Accounts receivable | 11, 731, 752 | 1 | | 0 | |
| 5. 00 | Other recei vable | 15, 891, 344 | l . | o o | Ö | |
| 6.00 | Allowances for uncollectible notes and accounts receivable | 0 | 1 | 0 | 0 | |
| 7.00 | Inventory | 3, 051, 936 | (| 0 | 0 | 7. 00 |
| 8.00 | Prepai d expenses | 0 | (| 0 | 0 | |
| 9.00 | Other current assets | 0 | (| 0 | 0 | |
| 10. 00 | Due from other funds | 0 | | 0 | 0 | 1 |
| 11. 00 | Total current assets (sum of lines 1-10) | 38, 092, 809 | (| 0 | 0 | 11. 00 |
| 12 00 | FI XED ASSETS Land | E E40 E04 | 1 , | o o | | 12 00 |
| 12. 00 13. 00 | Land improvements | 5, 540, 594 3, 655, 975 | | | 1 | |
| 14. 00 | Accumulated depreciation | 3,033,773 | 1 | | | |
| 15. 00 | Buildings | 44, 212, 254 | | | Ö | |
| 16.00 | Accumulated depreciation | 0 | 1 | 0 | 0 | |
| 17.00 | Leasehold improvements | 147, 679 | (| 0 | 0 | 17. 00 |
| 18.00 | Accumul ated depreciation | 0 | (| 0 | 0 | 18. 00 |
| 19. 00 | Fi xed equipment | 0 | (| 0 | 0 | |
| 20. 00 | Accumulated depreciation | 0 | (| 0 | 0 | |
| 21. 00 | Automobiles and trucks | 0 | 1 | 0 | 0 | |
| 22. 00 | Accumul ated depreciation | 0 | 1 | 0 | 0 | |
| 23. 00 | Maj or movable equipment | 143, 033, 001 | 1 | 0 | 0 | 1 |
| 24. 00 25. 00 | Accumulated depreciation Minor equipment depreciable | -178, 979, 674 | | | 0 | |
| 26. 00 | Accumulated depreciation | | | | 0 | |
| 27. 00 | HIT designated Assets | | | 0 | Ö | |
| 28. 00 | Accumulated depreciation | ĺ | | o o | Ö | |
| 29. 00 | Mi nor equi pment-nondepreci abl e | 0 | | 0 | 0 | |
| 30.00 | Total fixed assets (sum of lines 12-29) | 17, 609, 829 | (| 0 | 0 | 30.00 |
| | OTHER ASSETS | | | _ | | |
| 31. 00 | Investments | 0 | | 0 | 1 | |
| 32.00 | Deposits on Leases | 0 | | 0 | 1 | |
| 33. 00 | Due from owners/officers | 072.547 | | 1 | 0 | 1 |
| 34. 00 35. 00 | Other assets Total other assets (sum of lines 31-34) | 973, 567 973, 567 | 1 | 1 | 0 | |
| 36. 00 | Total assets (sum of lines 11, 30, and 35) | 56, 676, 205 | | | l | |
| 30.00 | CURRENT LIABILITIES | 30, 070, 203 | | 51 0 | | 30.00 |
| 37. 00 | Accounts payable | 6, 841, 316 | (| 0 | 0 | 37. 00 |
| 38. 00 | Salaries, wages, and fees payable | 6, 047, 788 | 1 | 0 | 0 | |
| 39. 00 | Payroll taxes payable | 0 | (| 0 | 0 | 39. 00 |
| 40.00 | Notes and Loans payable (short term) | 0 | | 0 | 0 | 40.00 |
| 41.00 | Deferred income | 0 | (| 0 | 0 | |
| 42. 00 | Accel erated payments | 0 | | | | 42. 00 |
| 43.00 | Due to other funds | 0 | | 0 | 0 | |
| 44. 00 | Other current liabilities | 10, 053, 996 | l . | 0 | 0 | |
| 45. 00 | Total current liabilities (sum of lines 37 thru 44) LONG TERM LIABILITIES | 22, 943, 100 | | 0 | 0 | 45. 00 |
| 46. 00 | Mortgage payable | 1 | | 0 | 0 | 46. 00 |
| 47. 00 | Notes payable | 1, 956, 439 | ` | | | |
| 48. 00 | Unsecured Loans | 0 | 1 | o o | l | 1 |
| 49.00 | Other long term liabilities | -76, 382, 596 | | 0 | 0 | |
| 50.00 | Total long term liabilities (sum of lines 46 thru 49) | -74, 426, 157 | (| 0 | 0 | 50.00 |
| 51. 00 | Total liabilities (sum of lines 45 and 50) CAPITAL ACCOUNTS | -51, 483, 057 | (| 0 | 0 | 51.00 |
| 52.00 | General fund balance | 108, 159, 262 | | | | 52. 00 |
| 53.00 | Specific purpose fund | | | | | 53.00 |
| 54.00 | Donor created - endowment fund balance - restricted | | | 0 | | 54.00 |
| 55. 00 | Donor created - endowment fund balance - unrestricted | | | 0 | | 55. 00 |
| 56. 00 | Governing body created - endowment fund balance | | | 0 | | 56. 00 |
| 57. 00 | Plant fund balance - invested in plant | | | | 0 | |
| 58. 00 | Plant fund balance - reserve for plant improvement, | | | | 0 | 58. 00 |
| 59. 00 | replacement, and expansion Total fund balances (sum of lines 52 thru 58) | 108, 159, 262 | , | o | 0 | 59. 00 |
| 60.00 | Total liabilities and fund balances (sum of lines 51 and | 56, 676, 205 | 1 | | 0 | |
| 50.00 | 59) | 35, 575, 203 | | | | 55.00 |
| | رحوا | I | I | I | I | I |

Provider CCN: 15-0004

Peri od: Wo From 01/01/2021

| | | | | | To 12/31/2021 | Date/Time Pre 5/30/2022 8:0 | |
|---|--|----------------------------|---|----------|---|---|---|
| | | General | Fund | Speci al | Purpose Fund | Endowment Fund | · |
| | | 1.00 | 2. 00 | 3.00 | 4.00 | 5. 00 | |
| 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 | Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) | 0 0 0 0 | 140, 937, 979 -32, 778, 715 108, 159, 264 | | 0 | 0 0 0 0 0 | 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 |
| 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 | Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance | 0 0 0 0 0 0 | 0 108, 159, 264 0 108, 159, 264 | | 0 | 0 | 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 |
| | sheet (line 11 minus line 18) | Endowment Fund | PI ant | Fund | | | |
| | | 6.00 | 7. 00 | 8. 00 | | | |
| 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 | Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) | 0 0 | 0 0 0 0 0 | | 0 0 0 0 | | 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 |
| 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 | Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18) | 0 0 | 0 0 0 0 0 | | 0 0 | | 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 |

Health Financial Systems FATTEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0004

| PART I - PATIENT REVENUES 1.00 2.00 3.00 | | | | То | 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | |
|--|--------|--|-------------|-----|---------------|-------------------------------|--------|
| PART I - PATIENT REVENUES General Inpati ent Routine Services 1.00 2.00 3.00 | | Cost Center Description | Inpatient | | Outpatient | |) piii |
| PART I - PATENT ROUTINE Services Secretary Inpatient Routine Services Secretary Inpatient Routine Services 25,952,026 25,952,026 20 | | 3331 331131 33331 Pt 1311 | | | | | |
| Content | | PART I - PATIENT REVENUES | 1.00 | _ | 2. 00 | 0.00 | |
| DOC MORENT TOC MORENT TOC MORENT TOC MORENT MORE | | | | | | | |
| SUBPROVIDER - IPF PROVIDER - IPF Company | 1.00 | | 25, 952, 0 | 26 | | 25, 952, 026 | 1. 00 |
| 3.00 SUBPROVIDER - IRF | | | | - 1 | | | |
| 4.00 SUBPROVIDER | | | 2.700070 | | | 2.70007000 | |
| Social Swing bed = SNF Social Structure Structur | | | | | | | |
| Swing bed - NF Swin | | | | 0 | | 0 | |
| 7.00 | | | | 0 | | | |
| NURSING FACILITY | | | | | | | |
| 9.00 OTHER LONG TERM CARE 9.00 10.00 1 | | | | 0 | | | |
| 10. 00 Total general inpatient care services (sum of lines 1-9) 47, 587, 331 0. 00 1 1 1 1 1 1 1 1 1 | | | | | | _ | |
| Intensive Care Type Inpatient Hospital Services | | | 47, 587, 3 | 31 | | 47, 587, 331 | |
| 11. 00 INTENSIVE CARE UNIT 7,775,027 11. 00 12. 00 13. 00 14. 00 13. 00 14. 00 13. 00 14. 00 13. 00 14. | | | | | | | |
| 12. 00 CORONARY CARE UNIT | 11. 00 | | 7, 775, 0 | 27 | | 7, 775, 027 | 11. 00 |
| 14. 00 SURGICAL INTENSIVE CARE UNIT 1, 222, 368 1. 222, 368 1. 222, 368 1. 200 15. 00 NEWBORN INTENSIVE CARE UNIT 1, 222, 368 1. 222, 368 1. 200 15. 00 104 10 | 12.00 | CORONARY CARE UNIT | | | | | 12. 00 |
| 15.00 NEWBORN INTENSIVE CARE UNIT 1, 222, 368 15.00 10.00 10.00 10.00 10.00 10.00 10.10 10.00 | 13.00 | BURN INTENSIVE CARE UNIT | | | | | 13. 00 |
| 15.00 NEWBORN INTENSIVE CARE UNIT 1, 222, 368 15.00 10.00 10.00 10.00 10.00 10.00 10.10 10.00 | 14.00 | SURGI CAL INTENSIVE CARE UNIT | | | | | 14. 00 |
| 16. 00 Total intensive care type inpatient hospital services (sum of lines 11-15) 8,997,395 | 15.00 | | 1, 222, 3 | 68 | | 1, 222, 368 | 15. 00 |
| 11-15 Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine care services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpatient routine services (sum of lines 10 and 16) Total inpat | 16.00 | Total intensive care type inpatient hospital services (sum of lines | | | | | 16. 00 |
| 18. 00 Ancillary services 104, 958, 538 401, 891, 401 506, 849, 939 18. 00 19. 00 0 0 0 0 0 0 0 0 0 | | 1 | | | | | |
| 19. 00 Outpatient services 14, 254, 475 70, 519, 058 84, 773, 533 19. 00 20. 00 RURAL HEALTH CLINIC 0 0 0 0 20. 00 | 17.00 | Total inpatient routine care services (sum of lines 10 and 16) | 56, 584, 7 | 26 | | 56, 584, 726 | 17. 00 |
| 20. 00 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 0 | 18.00 | Ancillary services | 104, 958, 5 | 38 | 401, 891, 401 | 506, 849, 939 | 18. 00 |
| 21. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 21. 00 20, 530, 655 20, 530, 655 22. 00 20, 530, 655 20, 530, 655 22. 00 20, 530, 655 20, 530, 655 22. 00 23. 00 24. 00 0 0 0 0 24. 00 0 0 0 0 24. 00 0 0 0 24. 10 0 0 0 25. 00 AMBULATORY SURGICAL CENTER (D.P.) 25. 00 26. 00 HOSPICE 0 0 9, 712, 945 9, 712, 945 27. 00 NON-REI MBURSABLE 0 9, 712, 945 9, 712, 945 27. 00 28. 00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 175, 797, 739 502, 654, 059 678, 451, 798 29. 00 30. 00 31. 00 31. 00 30. 00 31. 00 32. 00 32. 00 33. 00 33. 00 33. 00 34. 00 35. 00 35. 00 36. 00 37. 00 DEDUCT (SPECIFY) 0 30. 00 37. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 | 19.00 | Outpatient services | 14, 254, 4 | 75 | 70, 519, 058 | 84, 773, 533 | 19. 00 |
| 22. 00 HOME HEALTH AGENCY 20, 530, 655 20, 530, 655 22. 00 23. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 25. 00 26. | 20.00 | RURAL HEALTH CLINIC | | 0 | 0 | 0 | 20. 00 |
| 23. 00 | 21.00 | FEDERALLY QUALIFIED HEALTH CENTER | | 0 | 0 | 0 | 21. 00 |
| 24. 00 CMHC CORF | 22.00 | HOME HEALTH AGENCY | | | 20, 530, 655 | 20, 530, 655 | 22. 00 |
| 24. 10 CORF 25. 00 AMBULATORY SURGICAL CENTER (D. P.) HOSPI CE NON-REI MBURSABLE Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. 175, 797, 739 502, 654, 059 678, 451, 798 678, 451, 798 700 100 100 100 100 100 100 100 100 100 | 23.00 | AMBULANCE SERVICES | | | | | 23. 00 |
| 25.00 AMBULATORY SURGICAL CENTER (D. P.) 25.00 26.00 27.00 HOSPICE 0 9,712,945 9,712,945 27.00 28.00 28.00 27.00 28.00 | 24.00 | CMHC | | | 0 | 0 | 24.00 |
| 26.00 HOSPI CE NON-REIMBURSABLE 0 9,712,945 9,712,945 27.00 27.00 28.00 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. 175,797,739 502,654,059 678,451,798 28.00 29.00 30.00 31.00 32.00 32.00 33.00 34.00 35.00 36.00 36.00 36.00 37.00 DEDUCT (SPECIFY) 0 0 36.00 37.00 0 0 0 0 0 0 0 0 0 | 24. 10 | CORF | | 0 | 0 | 0 | 24. 10 |
| 27. 00 NON-REIMBURSABLE | 25.00 | AMBULATORY SURGICAL CENTER (D. P.) | | | | | 25. 00 |
| 28.00 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. | 26.00 | HOSPI CE | | | | | 26. 00 |
| G-3, line 1) PART II - OPERATING EXPENSES 29.00 Operating expenses (per Wkst. A, column 3, line 200) 216,749,639 29.00 30.00 ADD (SPECIFY) 0 31.00 31.00 32.00 32.00 33.00 0 33.00 34.00 0 34.00 35.00 0 35.00 36.00 Total additions (sum of lines 30-35) 0 36.00 37.00 DEDUCT (SPECIFY) 0 37.00 | 27.00 | NON-REI MBURSABLE | | 0 | 9, 712, 945 | 9, 712, 945 | 27. 00 |
| PART II - OPERATING EXPENSES 29. 00 Operating expenses (per Wkst. A, column 3, line 200) | 28.00 | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. | 175, 797, 7 | 39 | 502, 654, 059 | 678, 451, 798 | 28. 00 |
| 29.00 Operating expenses (per Wkst. A, column 3, line 200) ADD (SPECIFY) ADD (SPECIFY) Departing expenses (per Wkst. A, column 3, line 200) ADD (SPECIFY) Departing expenses (per Wkst. A, column 3, line 200) 30.00 31.00 32.00 32.00 33.00 34.00 35.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY) Departing expenses (per Wkst. A, column 3, line 200) 30.00 31.00 32.00 33.00 34.00 35.00 36.00 37.00 | | | | | | | |
| 30.00 ADD (SPECIFY) 0 30.00 31.00 32.00 32.00 33.00 32.00 33.00 33.00 33.00 33.00 33.00 33.00 33.00 34.00 35.00 0 35.00 35.00 36.00 7.00 DEDUCT (SPECIFY) 0 0 37.00 0 37.00 0 0 0 0 0 0 0 0 0 | | | | | | | |
| 31.00 32.00 33.00 33.00 34.00 35.00 35.00 7 Total additions (sum of lines 30-35) 0 Total peduct (SPECIFY) 0 Total additions (sum of lines 30-35) 0 Total additions (sum of lines 30-35) | | | | | 216, 749, 639 | | |
| 32.00 33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 32.00 33.00 34.00 35.00 36.00 37.00 | | ADD (SPECIFY) | | | | | |
| 33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 0 33.00 34.00 35.00 36.00 37.00 | | | | - | | | |
| 34.00 35.00 36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 0 34.00 35.00 36.00 37.00 O O O O O O O O O O O O O O O O O O | 32.00 | | | - | | | |
| 35.00 36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 0 35.00 37.00 37.00 | | | | - 1 | | | |
| 36.00 Total additions (sum of lines 30-35) 0 36.00 37.00 DEDUCT (SPECIFY) 0 37.00 | 34.00 | | | 0 | | | 34.00 |
| 37. 00 DEDUCT (SPECIFY) 0 37. 00 | | | | 0 | | | |
| | | | | | 0 | | |
| 38 00 | | DEDUCT (SPECIFY) | | - | | | |
| | 38. 00 | | | 0 | | | 38. 00 |
| 39.00 | | | | - 1 | | | |
| 40.00 | | | | - | | | |
| 41.00 | | | | 0 | | | |
| 42.00 Total deductions (sum of lines 37-41) 0 42.00 | | | | | J | | |
| 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 216, 749, 639 43.00 | 43.00 | | er | | 216, /49, 639 | | 43.00 |
| to Wkst. G-3, line 4) | | LO WKSL. G-3, TIME 4) | 1 | I | | | |

| | Financial Systems | FRANCI SCAN HEALTH HAMMOND | | eu of Form CMS-2 | |
|--------|---|-------------------------------|----------------------------------|------------------|--------|
| STATEM | ENT OF REVENUES AND EXPENSES | Provi der CCN: 15-000 | | Worksheet G-3 | |
| | | | From 01/01/2021 To 12/31/2021 | Date/Time Pre | narod: |
| | | | 10 12/31/2021 | 5/30/2022 8:0 | |
| | | | | | |
| | | | | 1.00 | |
| 1.00 | Total patient revenues (from Wkst. G-2, Part | I, column 3, line 28) | | 678, 451, 798 | 1. 00 |
| 2.00 | Less contractual allowances and discounts on | patients' accounts | | 503, 360, 781 | 2. 00 |
| 3.00 | Net patient revenues (line 1 minus line 2) | | | 175, 091, 017 | 3. 00 |
| 4.00 | Less total operating expenses (from Wkst. G-: | 2, Part II, line 43) | | 216, 749, 639 | 4. 00 |
| 5.00 | Net income from service to patients (line 3) | ninus line 4) | | -41, 658, 622 | 5. 00 |
| | OTHER INCOME | | | | |
| 6.00 | Contributions, donations, bequests, etc | | | 3, 757 | 6.00 |
| 7.00 | Income from investments | | | 0 | 7. 00 |
| 8.00 | Revenues from telephone and other miscellane | ous communication services | | 0 | 8. 00 |
| 9.00 | Revenue from television and radio service | | | 0 | 9. 00 |
| 10.00 | Purchase di scounts | | | 579, 638 | 10.00 |
| 11.00 | Rebates and refunds of expenses | | | 0 | 11. 00 |
| 12.00 | Parking lot receipts | | | 0 | 12.00 |
| 13.00 | Revenue from Laundry and Linen service | | | 0 | 13.00 |
| 14.00 | Revenue from meals sold to employees and gues | sts | | 133, 249 | 14.00 |
| 15. 00 | Revenue from rental of living quarters | | | 0 | 15. 00 |
| 16.00 | Revenue from sale of medical and surgical su | oplies to other than patients | | 0 | 16.00 |
| 17.00 | Revenue from sale of drugs to other than pat | ents | | 0 | 17. 00 |
| 18.00 | Revenue from sale of medical records and abs | racts | | 3, 575 | 18. 00 |
| 19.00 | Tuition (fees, sale of textbooks, uniforms, | etc.) | | 11, 213 | 19. 00 |
| 20.00 | Revenue from gifts, flowers, coffee shops, a | nd canteen | | 29, 460 | 20.00 |
| 21.00 | Rental of vending machines | | | 0 | 21.00 |
| 22. 00 | Rental of hospital space | | | 1, 605, 115 | 22. 00 |
| 23.00 | Governmental appropriations | | | 0 | 23. 00 |
| | OTHER OPERATING REVENUE | | | 2, 917, 103 | 24. 00 |
| 24. 01 | CARE ACT STIMULUS PAYMENTS | | | 699, 170 | 24. 01 |
| 24. 50 | COVI D-19 PHE Funding | | | 4, 267, 979 | 24. 50 |
| 25 00 | Total ather income (our of lines (24) | | | 10 250 250 | 25 00 |

10, 250, 259

-31, 408, 363 26. 00 1, 370, 352 27. 00 1, 370, 352 28. 00 -32, 778, 715 29. 00

25.00

24. 50 COVID-19 PHE FUNDING
25. 00 Total other income (sum of lines 6-24)
26. 00 Total (line 5 plus line 25)
27. 00 CAPITATION AND PREMIOUN REVENUE
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)

| | Financial Systems LLOCATION - HHA GENERAL SERVICE | COST | FRANCISCAN HEA | Provi der C | CN: 15-0004 | Peri od: | Worksheet H-1 | |
|----------------|---|----------------------------------|----------------------------|-------------|-------------|----------------------------------|--|-------------------|
| | | | | HHA CCN: | 15-7145 | From 01/01/2021 To 12/31/2021 | Part I Date/Time Pre 5/30/2022 8:0 | |
| | | | | | | Home Health | PPS | л у Ыш |
| | | | Capital Rel | ated Costs | | Agency I | | |
| | | Net Expenses | Bl dgs & | Movabl e | PI ant | Transportation | Subtotal | - |
| | | for Cost | Fixtures | Equi pment | Operation | | (col s. 0-4) | |
| | | Allocation (from Wkst. H, | | | Mai ntenanc | е | | |
| | | col . 10) | | | | | | |
| | GENERAL SERVICE COST CENTERS | 0 | 1.00 | 2. 00 | 3. 00 | 4. 00 | 4A. 00 | |
| . 00 | Capital Related - Bldg. & | 0 | 0 | | | | C | 1.0 |
| 2. 00 | Fixtures Capital Related - Movable | | | 0 | | | (| 2 0 |
| . 00 | Equipment | | | 0 | | | | 2.0 |
| 3. 00 | Plant Operation & Maintenance | 0 | 0 | 0 | | 0 | C | |
| . 00 | Transportation Administrative and General | 3, 917, 551 | 0 | 0 | | 0 0 | l | 4.0 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| . 00 . 00 | Skilled Nursing Care Physical Therapy | 2, 705, 691 1, 468, 248 | 0 | 0 | 1 | 0 0 | | |
| . 00 | Occupational Therapy | 46, 914 | 0 | 0 | | 0 0 | 46, 914 | 8.00 |
| 0.00 | Speech Pathology Medical Social Services | 83, 689 2, 208 | 0 | 0 | | 0 0 | 83, 689 2, 208 | |
| 1. 00 | Home Health Aide | 133, 535 | 0 | 0 | | 0 0 | 133, 535 | |
| 2. 00 | Supplies (see instructions) | O | 0 | 0 | | 0 0 | C | 12.0 |
| 3. 00 4. 00 | Drugs DME | 0 | 0 | 0 | • | 0 0 | | |
| 1. 00 | HHA NONREIMBURSABLE SERVICES | - | - 1 | | | | | |
| 5. 00 6. 00 | Home Dialysis Aide Services Respiratory Therapy | 0 | 0 | 0 | | 0 0 | | |
| 7. 00 | Private Duty Nursing | | 0 | 0 | | 0 0 | | 1 |
| 8.00 | Clinic | 0 | 0 | 0 | | 0 0 | C | |
| 9. 00 | Health Promotion Activities Day Care Program | | 0 | 0 | • | 0 0 | | |
| 1. 00 | Home Delivered Meals Program | o | O | 0 | | 0 0 | C | 21.00 |
| 2.00 | Homemaker Service All Others (specify) | 0 | 0 | 0 | | 0 0 | | |
| 23. 50 | Tel emedi ci ne | Ö | o | 0 | • | 0 0 | Č | 1 |
| 24. 00 | Total (sum of lines 1-23) | 8, 357, 836 Admi ni strati ve | O Tatal (agla | 0 | | 0 0 | 8, 357, 836 | 24.00 |
| | | & General | 4A + 5) | | | | | |
| | CENEDAL CEDVICE COST CENTEDS | 5. 00 | 6. 00 | | | | | |
| . 00 | GENERAL SERVICE COST CENTERS Capital Related - Bldg. & | | | | | | | 1.00 |
| | Fixtures | | | | | | | |
| . 00 | Capital Related - Movable Equipment | | | | | | | 2.0 |
| 3. 00 | Plant Operation & Maintenance | | | | | | | 3. 00 |
| i. 00 5. 00 | Transportation Administrative and General | 3, 917, 551 | · | | | | | 4. 00 5. 00 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 5. 00 7. 00 | Skilled Nursing Care Physical Therapy | 2, 387, 161 1, 295, 399 | 5, 092, 852 2, 763, 647 | | | | | 6. 00 7. 00 |
| . 00 | Occupational Therapy | 41, 391 | 88, 305 | | | | | 8. 0 |
| 00 | Speech Pathology | 73, 837 | 157, 526 | | | | | 9. 0 |
| 0.00 | Medical Social Services Home Health Aide | 1, 948 117, 815 | 4, 156 251, 350 | | | | | 10.00 |
| 2. 00 | Supplies (see instructions) | 0 | 0 | | | | | 12. 0 |
| 3. 00 4. 00 | Drugs DME | 0 | 0 | | | | | 13.00 |
| | HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 5. 00 6. 00 | Home Dialysis Aide Services Respiratory Therapy | 0 | 0 | | | | | 15. 00 16. 00 |
| 7. 00 | | | 0 | | | | | 17. 0 |
| 8. 00 | Clinic | 0 | 0 | | | | | 18. 0 |
| 9.00 | Health Promotion Activities Day Care Program | 0 | 0 | | | | | 19. 0 |
| 21. 00 | Home Delivered Meals Program | l o | 0 | | | | | 21. 0 |
| 2.00 | Homemaker Service All Others (specify) | 0 | 0 | | | | | 22. 0 23. 0 |
| | Telemedicine | | 0 | | | | | 23. 50 |
| | Total (sum of lines 1-23) | 1 1 | 8, 357, 836 | | | | | 24.00 |

| llool +b | Financial Cystems | | EDANICI CCAN LIE | ALTIL HAMMOND | | le lia | u of Form CMC | 2552 10 |
|-----------------|--|---------------|------------------|------------------------------|-------------|---------------------------------------|---|---------|
| | Financial Systems LLOCATION - HHA STATISTICAL BAS | :I S | FRANCI SCAN HEA | Provider C | CN: 15_0004 | Peri od: | eu of Form CMS-2 Worksheet H-1 | |
| C031 A | LECCATION - THIS STATISTICAL DAG | ,, , | | HHA CCN: | 15-7145 | From 01/01/2021 To 12/31/2021 | Part II Date/Time Pre 5/30/2022 8:0 | pared: |
| | | | | | | Home Health Agency I | PPS | у рііі |
| | | Capital Re | lated Costs | | | / / / / / / / / / / / / / / / / / / / | | |
| | | | | | | | | 1 |
| | | Bl dgs & | Movabl e | Plant | | onReconciliation | | |
| | | Fixtures | Equi pment | Operation & | (MI LEAGE) | | & General | |
| | | (SQUARE FEET) | (DOLLAR VALUE) | Maintenance (SQUARE FEET) | | | (ACCUM. COST) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5A. 00 | 5. 00 | |
| | GENERAL SERVICE COST CENTERS | 1.00 | 2.00 | 3.00 | 4.00 | JA. 00 | 3.00 | |
| 1.00 | Capital Related - Bldg. & | 1 0 | | | | 0 | | 1.00 |
| | Fixtures | | | | | | | |
| 2.00 | Capital Related - Movable | | 0 | | | 0 | | 2. 00 |
| | Equi pment | | | | | | | |
| 3.00 | Plant Operation & Maintenance | 0 | 0 | 0 |) | 0 | | 3. 00 |
| 4.00 | Transportation (see | 0 | 0 | 0 |) | 0 | | 4. 00 |
| | instructions) | | | | | 0 017 551 | | |
| 5. 00 | Administrative and General | 0 | 0 | 0 | 1 | 0 -3, 917, 551 | 4, 440, 285 | 5. 00 |
| | HHA REIMBURSABLE SERVICES | 1 | | | ı | | 0.705 (04 | , ,, |
| 6.00 | Skilled Nursing Care | 0 | T | | 1 | 0 0 | | 1 |
| 7.00 | Physical Therapy | | 0 | - | 1 | 0 0 | 1, 468, 248 | 1 |
| 8. 00 9. 00 | Occupational Therapy Speech Pathology | | 0 | ı | | 0 | 46, 914 83, 689 | |
| 9. 00 10. 00 | Medical Social Services | | 0 | | | 0 | 2, 208 | 1 |
| 11. 00 | Home Heal th Aide | | 0 | | | 0 | 133, 535 | 1 |
| 12.00 | Supplies (see instructions) | | | | | | 133, 333 | 1 |
| 13. 00 | Drugs | | · | | | | 0 | |
| 14. 00 | DME | | _ | - | | 0 0 | 0 | |
| 14.00 | HHA NONREIMBURSABLE SERVICES | · | ı | | 1 | 0 0 | · · · · · · | 14.00 |
| 15. 00 | Home Dialysis Aide Services | 1 0 | 0 | 0 | ı | 0 0 | 0 | 15. 00 |
| 16. 00 | Respiratory Therapy | 0 | Ō | - | 1 | 0 0 | Ö | |
| 17. 00 | Private Duty Nursing | 0 | 0 | O |) | 0 0 | 0 | 17. 00 |
| 18. 00 | Clinic | 0 | 0 | O |) | 0 0 | 0 | 18. 00 |
| 19.00 | Health Promotion Activities | 0 | 0 | o | 1 | 0 0 | 0 | 19. 00 |
| 20.00 | Day Care Program | 0 | 0 | 0 | 1 | 0 0 | 0 | 20. 00 |
| 21.00 | Home Delivered Meals Program | 0 | 0 | 0 |) | 0 0 | 0 | 21. 00 |
| 22.00 | Homemaker Service | 0 | 0 | 0 |) | 0 0 | 0 | 22. 00 |
| 23.00 | All Others (specify) | 0 | 0 | 0 |) | 0 0 | 0 | 23. 00 |
| 23. 50 | Tel emedi ci ne | 0 | 0 | 0 | | 0 0 | 0 | 23. 50 |
| 24. 00 | Total (sum of lines 1-23) | 0 | 0 | 0 | | 0 -3, 917, 551 | | |
| 25. 00 | Cost To Be Allocated (per | 0 | 0 | 0 | | 0 | 3, 917, 551 | 25. 00 |
| 26 00 | Worksheet H-1, Part I) Unit Cost Multiplier | 0. 000000 | 0. 000000 | 0. 000000 | 0. 0000 | 00 | 0. 882275 | 26 00 |
| 20.00 | Tom Cost Multiplier | 0.000000 | 0.00000 | 0.00000 | 0.0000 | 00 | 0.002275 | T 20.00 |

Worksheet H-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm Provider CCN: 15-0004 Peri od: From 01/01/2021 To 12/31/2021 HHA CCN: 15-7145 Home Health

| CAPITAL RELATED COSTS Cost Center Description HHA Trial BLDG & FIXT MVBLE EQUIP EMPLOYEE Subtotal OTH | | |
|--|----------------|------------------|
| | | |
| Bal ance (1) BENEFITS ADMINIS DEPARTMENT AND G | TRATI VE | |
| 0 1.00 2.00 4.00 4A 5. | | |
| 1.00 Administrative and General 0 614, 330 36, 422 444, 637 1, 095, 389 | 325, 013 | 1. 00 |
| | 511, 099 | 2.00 |
| 3.00 Physical Therapy 2,763,647 0 0 0 2,763,647 | 820, 002 | 3.00 |
| 4.00 Occupational Therapy 88,305 0 0 0 88,305 | 26, 201 | 4. 00 |
| 5. 00 Speech Pathol ogy 157, 526 0 0 0 157, 526 | 46, 740 | 5.00 |
| 6.00 Medical Social Services 4,156 0 0 0 4,156 | 1, 233 | 6. 00 |
| 7. 00 Home Heal th Ai de 251, 350 0 0 251, 350 | 74, 578 | 7. 00 |
| 8.00 Supplies (see instructions) 0 0 0 0 0 0 0 0 0 | 0 | 8. 00 9. 00 |
| 9.00 Drugs 0 0 0 0 0 0 0 10.00 10.00 DME 0 0 0 0 0 0 0 0 | -1 | 10.00 |
| 11.00 Home Dialysis Aide Services 0 0 0 0 | | 11. 00 |
| 12. 00 Respiratory Therapy 0 0 0 0 | | 12. 00 |
| 13.00 Private Duty Nursing 0 0 0 0 | | 13.00 |
| 14.00 Clinic 0 0 0 0 | 0 | 14.00 |
| 15.00 Health Promotion Activities 0 0 0 0 0 | | 15. 00 |
| 16.00 Day Care Program 0 0 0 0 0 | | 16. 00 |
| 17. 00 Home Delivered Meals Program 0 0 0 0 | | 17. 00 |
| 18.00 Homemaker Service 0< | | 18. 00 19. 00 |
| 19. 50 Tel emedi ci ne | | 19. 50 |
| | | 20. 00 |
| 21.00 Unit Cost Multiplier: column 0.000000 | | 21. 00 |
| 26, line 1 divided by the sum | | |
| of column 26, line 20 minus | | |
| column 26, line 1, rounded to 6 decimal places. | | |
| Cost Center Description MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPING DIETARY CAFE | ERI A | |
| REPAIRS PLANT LINEN SERVICE | | |
| 6.00 7.00 8.00 9.00 10.00 11. 1.00 Administrative and General 79,238 376,020 0 142,274 0 | 00 371, 629 | 1. 00 |
| 2.00 Skilled Nursing Care 0 0 0 0 | 0 | 2. 00 |
| 3.00 Physical Therapy 0 0 0 0 | o | 3. 00 |
| 4.00 Occupational Therapy 0 0 0 0 | 0 | 4. 00 |
| 5.00 Speech Pathology 0 0 0 0 | 0 | 5.00 |
| 6.00 Medical Social Services 0 0 0 0 0 0 | 0 | 6. 00 |
| 7.00 Home Heal th Ai de 0 0 0 0 0 | 0 | 7. 00 |
| 8.00 Supplies (see instructions) 0 0 0 0 | 0 | 8. 00 |
| 9.00 Drugs 0 0 0 0 0 0 0 10.00 10.00 DME | 0 | 9. 00 10. 00 |
| 11.00 Home Dialysis Aide Services 0 0 0 0 | - 1 | 11. 00 |
| 12.00 Respiratory Therapy 0 0 0 0 0 | | 12. 00 |
| 13.00 Private Duty Nursing 0 0 0 0 | | 13.00 |
| 14.00 Clinic 0 0 0 0 | 0 | 14.00 |
| 15.00 Health Promotion Activities 0 0 0 0 0 0 | | 15. 00 |
| 16.00 Day Care Program 0 0 0 0 0 | - 1 | 16.00 |
| 17.00 Home Delivered Meals Program 0 0 0 0 0 0 0 18.00 Homemaker Service 0 0 0 0 0 | | 17. 00 |
| 18.00 Homemaker Service 0 0 0 0 19.00 All Others (specify) 0 0 0 0 | | 18. 00 19. 00 |
| 19. 50 Tel emedi ci ne | | 19. 50 |
| | | 20. 00 |
| 21.00 Unit Cost Multiplier: column | | 21. 00 |
| 26, line 1 divided by the sum | | |
| of column 26, line 20 minus | | |
| column 26, line 1, rounded to 6 decimal places. | | |
| 10 0001 mai. priduos. | ' | |

⁽¹⁾ Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

| | | | | | | | 5/30/2022 8:0 | 9 pm |
|------------------|--|-------------------|----------------------|----------------------|-----------------------|-------------------------|---------------------------------------|------------------|
| | | | | | | Home Health Agency I | PPS | |
| | Cost Center Description | NURSI NG | CENTRAL | PHARMACY | MEDI CAL | | I NTERNS & RESI DENTS SERVI CES-OTHER | |
| | | ADMI NI STRATI ON | SERVICES & SUPPLY | | RECORDS & LI BRARY | | PRGM COSTS APPRV | |
| | | 13. 00 | 14. 00 | 15. 00 | 16. 00 | 17. 00 | 22. 00 | |
| 1. 00 | Administrative and General | 1, 003, 965 | 0 | 0 | 108, 689 | 4, 106 | | 1. 00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | (| 0 | 0 | 2. 00 |
| 3.00 | Physi cal Therapy | 0 | 0 | 0 | (| 0 | 0 | 3. 00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | (| 0 | 0 | 4. 00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | (| 0 | 0 | 5.00 |
| 6. 00 7. 00 | Medical Social Services Home Health Aide | 0 | 0 | 0 | | | 0 | 6. 00 7. 00 |
| 8. 00 | Supplies (see instructions) | 0 | Ö | 0 | | | ĺ | • |
| 9.00 | Drugs | 0 | О | 0 | (| 0 | 0 | 9. 00 |
| 10.00 | DME | 0 | 0 | 0 | (| - | 0 | 10. 00 |
| 11. 00 | Home Dialysis Aide Services | 0 | 0 | 0 | (| 0 | 0 | 11.00 |
| 12. 00 13. 00 | Respiratory Therapy Private Duty Nursing | 0 | 0 0 | 0 | | | 0 | 12. 00 13. 00 |
| 14. 00 | Clinic | 0 | 0 | 0 | | | 0 | 14. 00 |
| 15. 00 | Health Promotion Activities | Ö | Ö | 0 | Ö | o o | Ö | 15. 00 |
| 16. 00 | Day Care Program | 0 | o | 0 | (| 0 | 0 | 16. 00 |
| 17. 00 | Home Delivered Meals Program | 0 | 0 | 0 | (| 0 | 0 | 17. 00 |
| 18. 00 19. 00 | Homemaker Service | 0 | 0 | 0 | | 0 | 0 | 18. 00 19. 00 |
| 19. 00 | All Others (specify) Telemedicine | 0 | 0 | 0 | | | 0 | 19.00 |
| 20. 00 | Total (sum of lines 1-19) (2) | 1, 003, 965 | o | 0 | 108, 689 | 4, 106 | Ö | 20. 00 |
| 21. 00 | Unit Cost Multiplier: column | | | | · | | | 21. 00 |
| | 26, line 1 divided by the sum | | | | | | | |
| | of column 26, line 20 minus | | | | | | | |
| | column 26, line 1, rounded to 6 decimal places. | | | | | | | |
| | Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | |
| | | PRGM | PRGM - LAB 4+1 | PRGM - | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | |
| | | 23. 00 | 23. 01 | RADI OLOGY 23. 02 | THER 23. 03 | 23. 04 | 23. 05 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | (| 0 | 0 | 1. 00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | (| 0 | 0 | 2.00 |
| 3. 00 4. 00 | Physical Therapy Occupational Therapy | 0 | 0 | 0 | (| 0 | 0 | 3. 00 4. 00 |
| 5. 00 | Speech Pathology | 0 | 0 | 0 | | | | 5. 00 |
| 6. 00 | Medical Social Services | Ö | Ö | 0 | Ö | o o | Ö | 6. 00 |
| 7.00 | Home Health Aide | 0 | o | 0 | (| 0 | 0 | 7. 00 |
| 8. 00 | Supplies (see instructions) | 0 | 0 | 0 | (| 0 | 0 | 8. 00 |
| 9. 00 10. 00 | Drugs DME | 0 | 0 | 0 | | 0 | 0 | 9. 00 10. 00 |
| 11. 00 | Home Dialysis Aide Services | 0 | o o | 0 | | | 0 | 11.00 |
| 12. 00 | Respiratory Therapy | o o | o | 0 | | o o | Ö | 12. 00 |
| 13.00 | Private Duty Nursing | 0 | О | 0 | (| 0 | 0 | 13. 00 |
| 14. 00 | | 0 | 0 | 0 | (| 0 | 0 | |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | | 0 | 0 | 15.00 |
| 16. 00 17. 00 | Day Care Program Home Delivered Meals Program | 0 | 0 | 0 | | | 0 | 16. 00 17. 00 |
| 18. 00 | Homemaker Service | 0 | o | 0 | | o o | Ö | 18. 00 |
| 19. 00 | All Others (specify) | 0 | О | 0 | (| 0 | 0 | 19. 00 |
| 19. 50 | Tel emedi ci ne | 0 | 0 | 0 | (| 0 | 0 | |
| 20. 00 21. 00 | Total (sum of lines 1-19) (2) Unit Cost Multiplier: column | 0 | 0 | 0 | (| 0 | 0 | 20. 00 21. 00 |
| ∠1.00 | 26, line 1 divided by the sum | | | | | | | 21.00 |
| | of column 26, line 20 minus | | | | | | | |
| | column 26, line 1, rounded to | | | | | | | |
| | 6 decimal places. | | l l | | I | I | I | I |
| | | | | | | | | |

⁽¹⁾ Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

| | | | | | | | 3/30/2022 0.0 | 7 PIII |
|--------|-------------------------------|----------------|--------------|----------------|--------------|---------------|---------------|--------|
| | | | | | | Home Health | PPS | |
| | | | | | | Agency I | | |
| | Cost Center Description | PARAMED ED | Subtotal | Intern & | Subtotal | Allocated HHA | Total HHA | |
| | | PRGM - LAB 3+1 | | Residents Cost | | A&G (see Part | Costs | |
| | | | | & Post | | 11) | | |
| | | | | Stepdown | | | | |
| | | | | Adjustments | | | | |
| | | 23. 06 | 24.00 | 25. 00 | 26.00 | 27.00 | 28.00 | |
| 1.00 | Administrative and General | 0 | 3, 506, 323 | 0 | 3, 506, 323 | | | 1. 00 |
| 2.00 | Skilled Nursing Care | 0 | 6, 603, 951 | 0 | 6, 603, 951 | 2, 136, 577 | 8, 740, 528 | 2. 00 |
| 3.00 | Physical Therapy | 0 | 3, 583, 649 | 0 | 3, 583, 649 | 1, 159, 422 | 4, 743, 071 | 3. 00 |
| 4.00 | Occupational Therapy | 0 | 114, 506 | 0 | 114, 506 | 37, 046 | 151, 552 | 4. 00 |
| 5.00 | Speech Pathology | 0 | 204, 266 | 0 | 204, 266 | 66, 086 | 270, 352 | 5. 00 |
| 6.00 | Medical Social Services | 0 | 5, 389 | 0 | 5, 389 | | 7, 133 | 6. 00 |
| 7.00 | Home Health Aide | 0 | 325, 928 | l o | 325, 928 | 105, 448 | | |
| 8.00 | Supplies (see instructions) | 0 | 0 | l o | | o | 0 | 8. 00 |
| 9. 00 | Drugs | 0 | 0 | 0 | | 0 | 0 | 9. 00 |
| 10. 00 | | 0 | 0 | 0 | i d | 0 | 0 | 10.00 |
| 11. 00 | 1 | 0 | 0 | 0 | | 0 | 0 | 11. 00 |
| 12. 00 | | 0 | 0 | 0 | | 0 | 0 | 12. 00 |
| 13. 00 | | 0 | 0 | 0 | | 0 | 0 | 13. 00 |
| 14. 00 | , , | 0 | 0 | 1 | | 0 | 0 | 14. 00 |
| 15. 00 | | 0 | 0 | 0 | | 0 | 0 | |
| 16. 00 | | 0 | 0 | ١ | | | 0 | 16. 00 |
| 17. 00 | 1 3 | 0 | 0 | ١ | | | 0 | 17. 00 |
| 18. 00 | 3 | 0 | 0 | |] | | 0 | 18. 00 |
| 19. 00 | 1 | 0 | 0 | | | 0 | 0 | 19. 00 |
| 19. 50 | (-13) | 0 | 0 | | | 0 | 0 | 19. 50 |
| 20. 00 | | 0 | 14, 344, 012 | | 14, 344, 012 | 3, 506, 323 | 14, 344, 012 | |
| 21. 00 | | | 14, 344, 012 | 0 | 14, 344, 012 | 0. 323531 | 14, 344, 012 | 21. 00 |
| 21.00 | 26, line 1 divided by the sum | | | | | 0. 323331 | ļ | 21.00 |
| | of column 26, line 20 minus | | | | | | ļ | |
| | column 26, line 1, rounded to | | | | | | ļ | |
| | 6 decimal places. | | | | | | | |
| | To decimal praces. | I | | I | 1 | l l | ļ | l |
| | | | | | | | | |

⁽¹⁾ Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

| | | | | | | | 3/30/2022 6.0 | 7 PIII |
|---|--|--|---|--|---------------------------|---|---|--|
| | | | | | | Home Health Agency I | PPS | |
| | | CAPITAL REL | ATED COSTS | | | | | |
| | Cost Center Description | BLDG & FIXT (SQUARE FEET) | MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliation | OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | |
| | | 1.00 | 2.00 | 4. 00 | 5A. 05 | 5. 05 | 6. 00 | |
| 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 | Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs | 11, 759 0 0 0 0 0 0 0 | 14, 250 0 0 0 0 0 0 0 | 6, 000, 181 0 0 0 0 0 0 0 | | 5, 092, 852 2, 763, 647 88, 305 157, 526 | 11, 759 0 0 0 0 0 0 0 | 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 |
| 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 | DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 | | 0 | 0 0 0 0 0 0 0 | 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 |
| 20. 00 | Total (sum of lines 1-19) Total cost to be allocated | 11, 759 614, 330 | 14, 250 36, 422 | 444, 637 | | 9, 453, 225 2, 804, 866 | | 20. 00 |
| 22. 00 | Unit cost multiplier Cost Center Description | 52. 243388 OPERATION OF PLANT (SQUARE FEET) | 2.555930 LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPI NG | DIETARY (MEALS SERVED) | O. 296710 CAFETERI A (PROD HOURS) | 6. 738498 NURSI NG ADMI NI STRATI ON (DI RECT NRS I NG) | 22. 00 |
| | | 7. 00 | 8. 00 | 9. 00 | 10.00 | 11. 00 | 13. 00 | |
| 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00 21. 00 | Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) Total cost to be allocated | 11, 759 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 11, 759 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 152, 258 0 0 0 0 0 0 0 0 0 0 0 0 0 | 152, 258 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 21.00 |
| 22. 00 | Unit cost multiplier | 31. 977209 | 0. 000000 | 12. 099158 | 0. 000000 | 2. 440785 | 6. 593841 | 22. 00 |

| Peri od: | Worksheet H-2 | Part II | Date/Time Prepared: | 5/30/2022 8:09 pm | BASIS HHA CCN: 15-7145

| | | | | | Home Health | PPS | |
|--|--|---|--|--|--|--|---|
| - | | | | | Agency I | | |
| | | | | | INTERNS & | | |
| | | | | | RESI DENTS | | |
| Cost Center Description | CENTRAL | PHARMACY | | SOCIAL SERVICE | | PARAMED ED | |
| | SERVICES & | (COSTED REQ | RECORDS & | | PRGM COSTS | PRGM | |
| | SUPPLY | UIS) | LIBRARY | (GROSS CHAR | APPRV | (ASSI GNED | |
| | (COSTED | | (GROSS CHAR | GES) | (ASSI GNED | TIME) | |
| | REQUIS.) | | GES) | | TIME) | | |
| | 14. 00 | 15. 00 | 16. 00 | 17. 00 | 22. 00 | 23. 00 | |
| 1.00 Administrative and General | 0 | 1 | 20, 530, 655 | 20, 530, 655 | 0 | 0 | 1. 00 |
| 2.00 Skilled Nursing Care | 0 | 1 | 0 | 0 | 0 | 0 | 2. 00 |
| 3.00 Physical Therapy | 0 | 0 | 0 | 1 | 0 | 0 | 3. 00 |
| 4.00 Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4. 00 |
| 5.00 Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5. 00 |
| 6.00 Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6. 00 |
| 7.00 Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7. 00 |
| 8.00 Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8. 00 |
| 9.00 Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9. 00 |
| 10. 00 DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11. 00 |
| 12.00 Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14. 00 |
| 15.00 Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15. 00 |
| 16.00 Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16. 00 |
| 17.00 Home Delivered Meals Program | 0 | O | 0 | 0 | 0 | 0 | 17. 00 |
| 18.00 Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18. 00 |
| 19.00 All Others (specify) | 0 | o | 0 | 0 | 0 | 0 | 19. 00 |
| 19.50 Tel emedi ci ne | 0 | o | 0 | 0 | 0 | 0 | 19. 50 |
| 1 | 1 . | ا | 00 500 /55 | 20 520 455 | _ | 1 0 | 20. 00 |
| 20.00 Total (sum of lines 1-19) | 1 0 | l U | 20, 530, 655 | 20, 530, 655 | U | 1 | |
| 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated | 0 | 0 | 20, 530, 655 108, 689 | | | 0 | 21. 00 |
| | 0. 000000 | 0. 000000 | 20, 530, 655 108, 689 0. 005294 | 4, 106 | 0 | 0. 000000 | 21. 00 |
| 21.00 Total cost to be allocated | | 0. 000000 PARAMED ED | 108, 689 | 4, 106 | 0 | 0. 000000 PARAMED ED | 21. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier | | PARAMED ED | 108, 689 0. 005294 | 4, 106 0. 000200 | 0. 000000 | | 21. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier | PARAMED ED | PARAMED ED | 108, 689 0. 005294 PARAMED ED | 4, 106 0. 000200 PARAMED ED | 0. 000000 PARAMED ED | PARAMED ED | 21. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier | PARAMED ED | PARAMED ED PRGM - | 108, 689 0. 005294 PARAMED ED PRGM - RESP | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY | 0. 000000 PARAMED ED PRGM-EMT | PARAMED ED | 21. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier | PARAMED ED PRGM - LAB 4+1 | PARAMED ED PRGM - RADI OLOGY | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED | 0. 000000 PARAMED ED PRGM-EMT (ASSI GNED | PARAMED ED PRGM - LAB 3+1 | 21. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier | PARAMED ED PRGM - LAB 4+1 (ASSI GNED | PARAMED ED PRGM - RADI OLOGY (ASSI GNED | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED | 0. 000000 PARAMED ED PRGM-EMT (ASSI GNED | PARAMED ED PRGM - LAB 3+1 (ASSI GNED | 21. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 | 0. 000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) | PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME) | 21. 00 22. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME) 23.06 | 21. 00 22. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME) 23.06 | 21. 00 22. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General Skilled Nursing Care | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 | 21. 00 22. 00 1. 00 2. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General Skilled Nursing Care Physical Therapy | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 | 21. 00 22. 00 1. 00 2. 00 3. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 | 21. 00 22. 00 1. 00 2. 00 3. 00 4. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 | 21. 00 22. 00 2. 00 3. 00 4. 00 5. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23.06 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI IME) 23. 03 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 | 21. 00 22. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI IME) 23. 03 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI IME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI IME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI IME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O. 0000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 |
| 21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine | PARAMED ED PRGM - LAB 4+1 (ASSI GNED TIME) 23.01 | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 689 0. 005294 PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 106 0. 000200 PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0. 000000 PARAMED ED PRGM-EMT (ASSI GNED TI ME) 23. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | PARAMED ED PRGM - LAB 3+1 (ASSI GNED TI ME) 23. 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00 |

| | Financial Systems | -0 | FRANCI SCAN HEA | | OU 45 0004 | | u of Form CMS-2 | |
|------------------|---|----------------------------|---|------------------------------------|---|------------------------------------|----------------------------------|--|
| APPOR I | TIONMENT OF PATIENT SERVICE COST | S | | | CN: 15-0004 | Peri od: From 01/01/2021 | Worksheet H-3 Part I | |
| | | | | HHA CCN: | 15-7145 | To 12/31/2021 | Date/Time Prep 5/30/2022 8:09 | pared: 9 pm |
| | | | | Title | e XVIII | Home Health Agency I | PPS | |
| | Cost Center Description | | Facility Costs | | Total HHA | Total Visits | Average Cost | |
| | | H-2, Part I, col. 28, line | (from Wkst. | Ancillary Costs (from | Costs (cols. + 2) | 1 | Per Visit (col. 3 ÷ col. | |
| | | 20, 11116 | 11-2, Fait 1) | Part II) | + 2) | | 4) | |
| | | 0 | 1. 00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION | OF AGGREGATE F | PROGRAM COST, A | GGREGATE OF TH | HE PROGRAM LII | MITATION COST, OF | ? | |
| 1. 00 | Cost Per Visit Computation Skilled Nursing Care | 2.00 | 8, 740, 528 | | 8, 740, 5 | 28 20, 905 | 418. 11 | 1.00 |
| 2. 00 | Physical Therapy | 3.00 | | (| | · · | | 2.00 |
| 3. 00 | Occupational Therapy | 4. 00 | | (| | · · | | |
| 4. 00 | Speech Pathology | 5. 00 | 1 | (| | | 310. 04 | 4.00 |
| 5. 00 | Medical Social Services | 6. 00 | | | 7, 1 | | | 5.00 |
| 6.00 | Home Heal th Ai de | 7. 00 | | | 431, 3 | | 113. 97 | 6.00 |
| 7. 00 | Total (sum of lines 1-6) | | 14, 344, 012 | (| 14,344,0 Program Visi | | | 7. 00 |
| | | | | | | art B | | |
| | Cost Center Description | Cost Limits | CBSA No. (1) | Part A | Not Subject Deductibles Coinsurance | & Deductibles | | |
| | | 0 | 1.00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | Limitation Cost Computation | | | | | | | |
| 8.00 | Skilled Nursing Care | | 16974 | (| • | 0 | | 8.00 |
| 8. 01 8. 02 | Skilled Nursing Care Skilled Nursing Care | • | 23844 33140 | (| 1 | | | 8. 0 ² 8. 0 ² |
| 8. 03 | Skilled Nursing Care | • | 99915 | (| | 18 | | 8.03 |
| 3. 04 | Skilled Nursing Care | • | 43780 | (| | 0 | | 8. 04 |
| 9. 00 | Physi cal Therapy | • | 16974 | (| 1 | 0 | | 9.00 |
| 9. 01 | Physical Therapy | 1 | 23844 | (| | | | 9.0 |
| 9. 02 9. 03 | Physical Therapy Physical Therapy | | 33140 99915 | (| | 12 | | 9. 02 9. 03 |
| 9. 04 | Physical Therapy | | 43780 | (| 1 | 20 | | 9.04 |
| 10. 00 | Occupational Therapy | | 16974 | (| | 0 | | 10.00 |
| 10. 01 | Occupational Therapy | 1 | 23844 | (| | 76 | | 10. 0° |
| 10. 02 | Occupational Therapy | | 33140 | (| | 70 | | 10. 02 |
| 10. 03 10. 04 | Occupational Therapy Occupational Therapy | | 99915 43780 | (| | 0 | | 10. 03 10. 04 |
| 11. 00 | Speech Pathology | | 16974 | (| | 0 | | 11. 00 |
| 11. 01 | Speech Pathology | | 23844 | (| 2 | 73 | | 11. 0° |
| 11. 02 | Speech Pathology | | 33140 | (| | 85 | | 11. 02 |
| 11. 03 | Speech Pathology | 1 | 99915 | (| | 0 | | 11.00 |
| 11. 04 12. 00 | Speech Pathology Medical Social Services | 1 | 43780 16974 | (| • | 0 | | 11. 04 12. 00 |
| 12. 01 | 1 | • | 23844 | (| | 7 | | 12.0 |
| 12. 02 | Medical Social Services | | 33140 | Ć | 1 | 0 | | 12. 02 |
| 12. 03 | Medical Social Services | 1 | 99915 | (| 1 | 0 | | 12. 03 |
| 12.04 | Medical Social Services | | 43780 | (|] | 0 | | 12.0 |
| 13. 00 13. 01 | Home Health Aide Home Health Aide | | 16974 23844 | (|)) 1, 7 | 0 | | 13. 00 13. 0 |
| 13. 01 | Home Health Aide | • | 33140 | (| | 91 | | 13. 0 |
| 13. 03 | Home Heal th Aide | • | 99915 | Ć | 1 | 0 | | 13. 03 |
| 13. 04 | Home Health Aide | | 43780 | (| 1 | 0 | | 13. 04 |
| 14. 00 | | Erom Wit-+ U.O. | Fooilit: C | (horod | | | Doti o (! o | 14. 00 |
| | Cost Center Description | Part I, col. 28, line | Facility Costs (from Wkst. H-2, Part I) | Shared Ancillary Costs (from | Total HHA Costs (cols. + 2) | Total Charges 1 (from HHA Records) | Ratio (col. 3 ÷ col. 4) | |
| | | 0 | 1.00 | Part II) | 2.00 | 4.00 | F 00 | |
| | Supplies and Drugs Cost Comput | o ations | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| | Cost of Medical Supplies | 8. 00 | | | 1 | 0 177, 131 | 0. 000000 | 15 00 |
| 15.00 | cost of wedical supplies | 0.00 | 0 | (| 4 | 0 177, 131 | 0. 000000 | 15.0 |

| | FIONMENT OF PATIENT SERVICE COSTS |) | | Provi der CC | :N: 15-0004 | Peri od: | Worksheet H-3 | 3 |
|----------------|--|----------------|---------------------------|---------------------------|---------------------|--------------------------------|---------------------------|------------|
| | TORRING OF THE ENTIRE GENTLE | | | HHA CCN: | 15-7145 | From 01/01/202 To 12/31/202 | 1 Part I | pare |
| | | | | Title | XVIII | Home Health | PPS | 19 PIII |
| | | | Program Visits | | Cost of | Agency I | | |
| | | | | _ | Servi ces | | | |
| | Cost Center Description | Part A | Not Subject to | | Part A | Part B Not Subject to | Subject to | |
| | cost center bescription | rait A | Deductibles & | | rait A | Deductibles & | | |
| | | | Coi nsurance | Coi nsurance | | Coi nsurance | Coi nsurance | |
| | DART I COMPUTATION OF LECCED | 6. 00 | 7. 00 | 8. 00 | 9.00 | 10.00 | 11.00 | |
| | PART I - COMPUTATION OF LESSER (BENEFICIARY COST LIMITATION | JF AGGREGATE I | PROGRAM COST, A | GGREGATE OF THE | E PROGRAM LI | MITATION COST, C | JR . | |
| | Cost Per Visit Computation | | | | | | | 1 |
| 00 | Skilled Nursing Care | C | | | | 0 4, 370, 92 | | 1. |
| 00 | Physi cal Therapy | 0 | 11, 573 | | | 0 2, 309, 39 | 1 | 2. |
| 00 | Occupational Therapy | 0 | 1, 646 | | | 0 81, 52 | 1 | 3. |
| 00 | Speech Pathology Medical Social Services | 0 | 458 7 | | | 0 141, 99 0 2, 77 | 1 | 4. 5. |
| 00 | Home Heal th Aide | Ö | 2, 699 | | | 0 307, 60 | 1 | 6. |
| 00 | Total (sum of lines 1-6) | 0 | 26, 837 | | | 0 7, 214, 21 | 1 | 7. |
| | Cost Center Description | | | | | | | |
| | Limitation Cost Computation | 6. 00 | 7.00 | 8. 00 | 9. 00 | 10.00 | 11.00 | - |
| 00 | Skilled Nursing Care | | | | | | | 8. |
| 01 | Skilled Nursing Care | | | | | | | 8. |
| 02 | Skilled Nursing Care | | | | | | | 8. |
| 03 | Skilled Nursing Care | | | | | | | 8. |
| 04 | Skilled Nursing Care | | | | | | | 8. |
| 00 01 | Physical Therapy Physical Therapy | | | | | | | 9. 9. |
| 02 | Physical Therapy | | | | | | | 9. |
| 03 | Physical Therapy | | | | | | | 9. |
| 04 | Physi cal Therapy | | | | | | | 9. |
| 0.00 | Occupational Therapy | | | | | | | 10. |
| 0. 01 | Occupational Therapy Occupational Therapy | | | | | | | 10. |
| 0. 02 | Occupational Therapy | | | | | | | 10. |
| 0. 04 | Occupational Therapy | | | | | | | 10. |
| 1.00 | Speech Pathology | | | | | | | 11. |
| 1. 01 | Speech Pathology | | | | | | | 11. |
| 1. 02 | , , | | | | | | | 11. |
| I. 03 I. 04 | Speech Pathology Speech Pathology | | | | | | + | 11. |
| 2. 00 | Medical Social Services | | | | | | | 12 |
| 2. 01 | Medical Social Services | | | | | | | 12. |
| 2. 02 | Medical Social Services | | | | | | | 12. |
| 2. 03 | Medical Social Services | | | | | | | 12. |
| 2. 04 | Medical Social Services Home Health Aide | | | | | | | 12. 13. |
| 3. 00 | Home Health Aide | | | | | | | 13. |
| 3. 02 | Home Health Aide | | | | | | | 13. |
| 3. 03 | Home Health Aide | | | | | | | 13. |
| 3. 04 | Home Health Aide | | | | | | | 13. |
| . 00 | Total (sum of lines 8-13) | D | rom Covered Ch- | rgos | Cost of | | | 14. |
| | | Prog | ram Covered Cha | ir ges | Cost of Services | | | |
| | | | | | | | | |
| | | | Par | | | Part B | | |
| | Cost Center Description | Part A | Not Subject to | | Part A | Not Subject to | | |
| | | | Deductibles & Coinsurance | Deductibles & Coinsurance | | Deductibles & Coinsurance | Deductibles & Coinsurance | |
| | | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10. 00 | 11. 00 | |
| | Supplies and Drugs Cost Computa | | | | | | | |
| | cappines and brage cost compata | | | | | | | 15. |

| | | | | | | From 01/01/2021 | Part I | |
|----------------|---|-----------------|--------------------|-----------|----------------|-------------------------|--------------------------------------|-------------|
| | | | | HHA CCN: | 15-7145 | To 12/31/2021 | Date/Time Prepar 5/30/2022 8:09 p | |
| | | | | Ti t | le XVIII | Home Health Agency I | PPS | |
| | Cost Center Description | Total Program | | | | rigerioy i | | |
| | | Cost (sum of | | | | | | |
| | | col s. 9-10) | | | | | | |
| | PART I - COMPUTATION OF LESSER | 12.00 | ROGRAM COST AGG | REGATE OF | THE PROGRAM LI | MITATION COST OR | | |
| | BENEFICIARY COST LIMITATION | OI AGGREGATE II | NOGIVINI COST, AGG | MEGATE OF | THE TROOKAW EI | MITATION COST, ON | | |
| | Cost Per Visit Computation | | | | | | | |
| . 00 | Skilled Nursing Care | 4, 370, 922 | | | | | | 1. |
| . 00 | Physi cal Therapy | 2, 309, 392 | | | | | : | 2. (|
| . 00 | Occupational Therapy | 81, 526 | | | | | | 3. (|
| . 00 | Speech Pathology | 141, 998 | | | | | | 4. (|
| . 00 | Medical Social Services | 2, 774 | | | | | | 5. |
| . 00 | Home Heal th Aide | 307, 605 | | | | | • | 6. |
| . 00 | Total (sum of lines 1-6) | 7, 214, 217 | | | | | | 7. |
| | Cost Center Description | 12. 00 | | | | | | |
| | Limitation Cost Computation | 12.00 | | | | | | |
| 00 | Skilled Nursing Care | | | | | | | 8. |
| 01 | Skilled Nursing Care | | | | | | • | 8. |
| 02 | Skilled Nursing Care | | | | | | • | 8. |
| 03 | Skilled Nursing Care | | | | | | • | 8. |
| 04 | Skilled Nursing Care | | | | | | ; | 8. |
| 00 | Physi cal Therapy | | | | | | | 9. |
| . 01 | Physi cal Therapy | | | | | | | 9. |
| . 02 | Physi cal Therapy | | | | | | | 9. |
| 03 | Physi cal Therapy | | | | | | | 9. |
| 04 | Physi cal Therapy | | | | | | | 9. |
| 0. 00 | Occupational Therapy | | | | | | | 10. |
| 0. 01 | Occupational Therapy | | | | | | | 10. |
| 0. 02 | Occupational Therapy | | | | | | | 10. 10. |
|). 03). 04 | Occupational Therapy Occupational Therapy | | | | | | | 10. 10. |
| 1. 00 | Speech Pathology | | | | | | | 10. 11. |
| . 00 | Speech Pathology | | | | | | | ı ı. I1. |
| 1. 01 | Speech Pathology | | | | | | | ı ı. I1. |
| 1. 03 | Speech Pathology | | | | | | | i i. I1. |
| 1. 04 | Speech Pathology | | | | | | | 11. |
| 2. 00 | Medical Social Services | | | | | | | 12. |
| 2. 01 | Medical Social Services | | | | | | 1: | 12. |
| 2. 02 | Medical Social Services | | | | | | • | 12. |
| 2. 03 | Medical Social Services | | | | | | | 12. |
| 2. 04 | Medical Social Services | | | | | | | 12. |
| 3. 00 | Home Health Aide | | | | | | • | 13. |
| 3. 01 | Home Heal th Aide | | | | | | • | 13. |
| 3. 02 | Home Heal th Aide | | | | | | | 13. |
| 3. 03 | Home Health Aide | | | | | | • | 13. |
| 3. 04 | Home Health Aide Total (sum of lines 8-13) | | | | | | • | 13. 14. |

| Heal th | Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 | | | | | | | |
|---------|--|-----------------|------------------|----------------|---------------|----------------------------|---------------------------------|-------|
| APPOR | FIONMENT OF PATIENT SERVICE COST | S | | Provider C | CN: 15-0004 | Period: From 01/01/2021 | Worksheet H-3 Part II | |
| | | | | HHA CCN: | 15-7145 | To 12/31/2021 | Date/Time Prep 5/30/2022 8:0 | |
| | | | | Ti tl e | × XVIII | Home Health | PPS | |
| | | | | | | Agency I | | |
| | Cost Center Description | From Wkst. C, | Cost to Charge | Total HHA | HHA Shared | Transfer to | | |
| | | Part I, col. | Ratio | Charge (from | Ancillary | Part I as | | |
| | | 9, line | | provi der | Costs (col. | 1 Indicated | | |
| | | | | records) | x col. 2) | | | |
| | | 0 | 1.00 | 2. 00 | 3.00 | 4. 00 | | |
| | PART II - APPORTIONMENT OF COS | T OF HHA SERVIO | CES FURNI SHED B | Y SHARED HOSPI | TAL DEPARTMEN | NTS | | |
| 1.00 | Physi cal Therapy | 66. 00 | 0. 948443 | 0 | | 0 col. 2, line 2 | . 00 | 1. 00 |
| 2.00 | Occupational Therapy | 67. 00 | 0. 266542 | 0 |) | 0 col. 2, line 3 | . 00 | 2. 00 |
| 3.00 | Speech Pathology | 68. 00 | 0. 631537 | 0 |) | 0 col. 2, line 4 | . 00 | 3. 00 |
| 4.00 | Cost of Medical Supplies | 71.00 | 0. 642411 | 0 |) | 0 col. 2, line 1 | 5. 00 | 4. 00 |
| 5.00 | Cost of Drugs | 73. 00 | 0. 145717 | 0 | 1 | 0 col. 2, line 1 | 6. 00 | 5. 00 |

| | Financial Systems FRANCISCAN HEALT ATION OF HHA REIMBURSEMENT SETTLEMENT | Provi der CO | CN: 15-0004 | Peri od: | eu of Form CMS-2 Worksheet H-4 | |
|------|---|----------------|-------------|----------------------------------|-----------------------------------|-----|
| | | HHA CCN: | 15-7145 | From 01/01/2021 To 12/31/2021 | | |
| | | Title | XVIII | Home Health Agency I | PPS | |
| | | | Part A | | t B Subject to | |
| | | | rait A | Deductibles & | | |
| | | | 1.00 | 2. 00 | 3. 00 | |
| | PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTO Reasonable Cost of Part A & Part B Services | OMARY CHARGE | <u>S</u> | | | 1 |
| 00 | Reasonable cost of services (see instructions) | | | 0 0 | • | 1 |
| 0 | Total charges | | | 0 0 | 0 | 2 |
| 0 | Customary Charges Amount actually collected from patients liable for payment fo | r servi ces | | 0 0 | 0 | 1 : |
| | on a charge basis (from your records) | | | | | |
| 00 | Amount that would have been realized from patients liable for for services on a charge basis had such payment been made in with 42 CFR §413.13(b) | | | 0 0 | 0 | 4 |
| 00 | Ratio of line 3 to line 4 (not to exceed 1.000000) | | 0. 0000 | 0. 000000 | 0. 000000 | |
| 00 | Total customary charges (see instructions) | | | 0 0 | 0 | |
| 00 | Excess of total customary charges over total reasonable cost only if line 6 exceeds line 1) | (complete | | 0 0 | 0 | - |
| 00 | Excess of reasonable cost over customary charges (complete on | lyifline | | 0 0 | 0 | 8 |
| 0 | 1 exceeds line 6) Primary payer amounts | | | 0 0 | 0 | |
| | | | | Part A | Part B | |
| | | | | Servi ces 1.00 | Servi ces 2.00 | |
| | PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT | | | | | |
| 00 | Total reasonable cost (see instructions) Total PPS Reimbursement - Full Episodes without Outliers | | | C | | |
| 00 | Total PPS Reimbursement - Full Episodes with Outliers | | | | 723, 314 | |
| 00 | Total PPS Reimbursement - LUPA Episodes | | | C | | |
| 00 | Total PPS Reimbursement - PEP Episodes | | | C | 16, 759 | 14 |
| 00 | Total PPS Outlier Reimbursement - Full Episodes with Outliers | | | C | 2.0,007 | |
| 00 | Total PPS Outlier Reimbursement - PEP Episodes | | | C | 2, 509 | |
| 00 | Total Other Payments | | | | 0 | |
| 00 | DME Payments Oxygen Payments | | | | 0 | 1 |
| 00 | Prosthetic and Orthotic Payments | | | | | |
| 00 | Part B deductibles billed to Medicare patients (exclude coins | urance) | | | Ö | 1 |
| 00 | Subtotal (sum of lines 10 thru 20 minus line 21) | , | | C | 5, 452, 605 | |
| 00 | Excess reasonable cost (from line 8) | | | C | 0 | 2 |
| 00 | Subtotal (line 22 minus line 23) | | | C | 5, 452, 605 | 2 |
| 00 | Coinsurance billed to program patients (from your records) | | | | 0 | |
| 00 | Net cost (line 24 minus line 25) | | | C | | |
| | Reimbursable bad debts (from your records) | | | C | | |
| 00 | Reimbursable bad debts for dual eligible beneficiaries (see i Total costs - current cost reporting period (line 26 plus lin | | | | 0 5, 452, 605 | |
| 00 | MSP | C 21) | | | | |
| 50 | Pioneer ACO demonstration payment adjustment (see instruction | s) | | | | 1 . |
| 99 | Demonstration payment adjustment amount before sequestration | • | | C | - | |
| 00 | Subtotal (see instructions) | | | C | 5, 445, 998 | |
| 01 | Sequestration adjustment (see instructions) | | | C | 1 | |
| . 02 | Demonstration payment adjustment amount after sequestration | | | C | | |
| . 75 | Sequestration adjustment for non-claims based amounts (see in | structions) | | C | | |
| | Interim payments (see instructions) | | | C | | |
| . 00 | Tentative settlement (for contractor use only) | | | C | | |
| . 00 | Balance due provider/program (line 31 minus lines 31.01, 32, | , | Dub 15 2 | C | 1 | |
| 1111 | Protested amounts (nonallowable cost report items) in accorda | TICE WILLI UMS | rub. 15-∠, | 1 | 0 | 35 |

Heal th Financial Systems FRANCISCAN HEALTH HAMMOND
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED Provider
TO PROGRAM BENEFICIARIES Provider CCN: 15-0004 Peri od: From 01/01/2021 To 12/31/2021 Worksheet H-5 Date/Time Prepared: 5/30/2022 8:09 pm HHA CCN: 15-7145

| | | | | Home Health Agency I | PPS | |
|----------------|---|------------|----------|-------------------------|-------------------------|----------------|
| | | Inpatien | t Part A | | 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 Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero | | | 0 | 5, 445, 998 0 | 1. 00 2. 00 |
| 3.00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider | | | | | 3. 00 |
| 3. 01 | | | | D | 0 | 3. 01 |
| 3. 02 | | | | | 0 | 3. 02 |
| 3. 03 3. 04 | | | | | 0 | 3. 03 3. 04 |
| 3. 05 | | | | | | 3. 04 |
| 0.00 | Provider to Program | | | 91 | Ŭ. | 0.00 |
| 3.50 | | | (| D | 0 | 3. 50 |
| 3.51 | | | | D | 0 | 3. 51 |
| 3.52 | | | | D | 0 | 3. 52 |
| 3. 53 | | | | 0 | 0 | 3. 53 |
| 3.54 | | | | | 0 | 3. 54 |
| 3. 99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) | | (| ס | 0 | 3. 99 |
| 4. 00 | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32) | | (| 0 | 5, 445, 998 | 4. 00 |
| | TO BE COMPLETED BY CONTRACTOR | | | | | |
| 5. 00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 5. 00 |
| | Program to Provider | | | | | |
| 5. 01 | | | | | 0 | 5. 01 |
| 5. 02 5. 03 | | | | | 0 | 5. 02 5. 03 |
| 5.03 | Provider to Program | | | <u> </u> | U | 5. 03 |
| 5. 50 | Trovider to Trogram | | | | 0 | 5. 50 |
| 5. 51 | | | | | o | 5. 51 |
| 5. 52 | | | | o l | 0 | 5. 52 |
| 5. 99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | (| D | 0 | 5. 99 |
| 6. 00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | | | 6. 00 |
| 6. 01 | SETTLEMENT TO PROVIDER | | | o l | 0 | 6. 01 |
| 6. 02 | SETTLEMENT TO PROGRAM | | | D . | 0 | 6. 02 |
| 7.00 | Total Medicare program liability (see instructions) | | (| 0 | 5, 445, 998 | 7. 00 |
| | | | | Contractor Number | NPR Date (Mo/Day/Yr) | |
| 0.00 | Name of Continued in | (|) | 1. 00 | 2. 00 | 0.00 |
| 8.00 | Name of Contractor | | | | l l | 8. 00 |

| Heal th | Financial Systems FRANCISCAN HE | EALTH HAMMOND | In Lie | u of Form CMS-2 | 2552-10 |
|----------------------------|---|------------------------------|--|---|---------|
| CALCUI | ATION OF CAPITAL PAYMENT | Provi der CCN: 15-0004 | Peri od: From 01/01/2021 To 12/31/2021 | Worksheet L Parts I-III Date/Time Pre 5/30/2022 8:00 | |
| | | Title XVIII | Hospi tal | PPS | |
| | | | | 1. 00 | |
| | PART I - FULLY PROSPECTIVE METHOD | | | 1.00 | |
| | CAPITAL FEDERAL AMOUNT | | | | 1 |
| 1.00 | Capital DRG other than outlier | | | 681, 431 | 1.00 |
| 1.01 | Model 4 BPCI Capital DRG other than outlier | | | 0 | |
| 2.00 | Capital DRG outlier payments | | | 34, 781 | |
| 2. 01 | Model 4 BPCI Capital DRG outlier payments | | | 0 | |
| 3. 00 4. 00 | Total inpatient days divided by number of days in the cost Number of interns & residents (see instructions) | reporting period (see inst | ructions) | 40. 38 6. 55 | |
| 5. 00 | Indirect medical education percentage (see instructions) | | | 4. 69 | |
| 6.00 | Indirect medical education adjustment (multiply line 5 by | the sum of lines 1 and 1 01 | columns 1 and | 31, 959 | |
| 0.00 | 1. 01) (see instructions) | the sam of this transfer | , 001 4 | 0.1, 707 | 0.00 |
| 7. 00 | Percentage of SSI recipient patient days to Medicare Part 30) (see instructions) | A patient days (Worksheet E | , part A line | 9. 56 | 7. 00 |
| 8.00 | Percentage of Medicaid patient days to total days (see ins | structions) | | 31. 74 | 8. 00 |
| 9.00 | Sum of lines 7 and 8 | | | 41. 30 | |
| 10.00 | Allowable disproportionate share percentage (see instructi | ons) | | 8. 72 | |
| 11.00 | Disproportionate share adjustment (see instructions) | | | 59, 421 | |
| 12. 00 | Total prospective capital payments (see instructions) | | | 807, 592 | 12. 00 |
| | | | | 1. 00 | |
| | PART II - PAYMENT UNDER REASONABLE COST | | | | |
| 1.00 | Program inpatient routine capital cost (see instructions) | | | 0 | |
| 2.00 | Program inpatient ancillary capital cost (see instructions | 5) | | 0 | |
| 3.00 | Total inpatient program capital cost (line 1 plus line 2) | | | 0 | |
| 4. 00 5. 00 | Capital cost payment factor (see instructions) Total inpatient program capital cost (line 3 x line 4) | | | 0 | |
| 3.00 | Total Tripatrent program capital cost (Trie 3 x Trie 4) | | | 0 | 3.00 |
| | | | | 1. 00 | |
| | PART III - COMPUTATION OF EXCEPTION PAYMENTS | | | | |
| 1.00 | Program inpatient capital costs (see instructions) | canaca (cas instructions) | | 0 | |
| 2.00 | Program inpatient capital costs for extraordinary circumst Net program inpatient capital costs (line 1 minus line 2) | ances (see firstructions) | | 0 | |
| 4. 00 | Applicable exception percentage (see instructions) | | | 0.00 | |
| 5. 00 | Capital cost for comparison to payments (line 3 x line 4) | | | 0.00 | |
| 6.00 | Percentage adjustment for extraordinary circumstances (see | e instructions) | | 0.00 | 6. 00 |
| 7.00 | Adjustment to capital minimum payment level for extraordin | nary circumstances (line 2 > | (line 6) | 0 | 7. 00 |
| 8.00 | Capital minimum payment level (line 5 plus line 7) | | | 0 | |
| 9.00 | Current year capital payments (from Part I, line 12, as ap | . , | | 0 | |
| 10.00 | Current year comparison of capital minimum payment level t | 1 1 3 1 | , | 0 | |
| 11. 00 | Carryover of accumulated capital minimum payment level ove Worksheet L, Part III, line 14) | | • | 0 | |
| 12.00 | Net comparison of capital minimum payment level to capital | | | 0 | |
| 13.00 | Current year exception payment (if line 12 is positive, en | | , | 0 | |
| 14 00 | Carryover of accumulated capital minimum payment level ove (if line 12 is negative, enter the amount on this line) | er capital payment for the f | orrowing period | 0 | 14. 00 |
| 14. 00 | | | | | |
| | | instructions) | | 0 | 15.00 |
| 14. 00 15. 00 16. 00 | Current year allowable operating and capital payment (see | | | 0 | |