

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 5:41 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2022	Time: 5:41 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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 CROWN POINT ( 15-0126 ) 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	ELECTRONIC SIGNATURE STATEMENT	
1		2		
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	DI VISIONAL CFO		3
4	Date			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	270,870	-110,092	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	270,870	-110,092	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 5:41 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46307		County:		1.00
1.00	Street: 1201 SOUTH MAIN STREET	2.00		3.00		4.00		5.00		2.00
2.00	City: CROWN POINT	3.00		4.00		5.00		6.00		7.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN HEALTH CROWN POINT	150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021	20.00	
21.00	Type of Control (see instructions)					1		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to 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 yes or "N" for no.				N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	Y			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 5:41 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	140	14	251	118	6,435	153	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					Y	Y		57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02		
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
		Program Name	Program Code	Unweighted FTE Count	IME	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00	5.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.20	
							1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

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			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.98	0.000000	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	EMERGEMCY MED	3450	0.00	0.98	0.000000	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 5:41 pm		
		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
					1.00	
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
					V	XIX
					1.00	2.00
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 5:41 pm	
		V 1.00		XIX 2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	972,843		374,443		0 118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 5:41 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FRANCISCAN ALLIANCE	Contractor's Name: WISCONSIN PHYSICIAN SERVICES (WPS)		Contractor's Number: 08001		141.00	
142.00	Street: 1717 W BROADWAY	PO Box:		Zip Code: 53713-1834		142.00	
143.00	City: MADISON	State:				143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		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	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 5:41 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 5:41 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		05/06/2022		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/08/2022	Y	03/08/2022		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N	03/08/2022	N	03/08/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
					1.00	
					2.00	
<b>Cost Report Preparer Contact Information</b>						
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	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2194076386		GLENN.JOHNSON@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 5:41 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	54,750	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		150	54,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	20	7,300	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		192				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,231	336	29,563			1.00
2.00 HMO and other (see instructions)	8,318	6,435				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,231	336	29,563			7.00
8.00 INTENSIVE CARE UNIT	1,807	22	4,612			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	147	2,920			12.00
13.00 NURSERY		18	2,184			13.00
14.00 Total (see instructions)	15,038	523	39,279	0.98	862.44	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.98	862.44	27.00
28.00 Observation Bed Days		547	4,770			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	153	3,188			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,063	1,376	9,428	1.00
2.00 HMO and other (see instructions)			1,267	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,063	1,376	9,428	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	84,992,206	0	84,992,206	2,125,719.00	39.98
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		13,357,176	0	13,357,176	370,614.00	36.04
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,978,524	0	1,978,524	34,469.00	57.40
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		830,344	0	830,344	6,842.00	121.36
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		395,360	0	395,360	2,871.00	137.71
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		17,487,708	0	17,487,708	485,221.00	36.04
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		21,452,119	0	21,452,119		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		511,284	0	511,284		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,327,538	0	5,327,538		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	1,039,451	0	1,039,451	11,738.00	88.55	26.00
27.00	Administrative & General	17,999,747	0	17,999,747	485,850.00	37.05	27.00
28.00	Administrative & General under contract (see inst.)	1,237,897	0	1,237,897	11,714.00	105.68	28.00
29.00	Maintenance & Repairs	472,098	0	472,098	32,594.00	14.48	29.00
30.00	Operation of Plant	2,310,671	0	2,310,671	54,779.00	42.18	30.00
31.00	Laundry & Linen Service	373,882	0	373,882	5,125.00	72.95	31.00
32.00	Housekeeping	1,694,324	0	1,694,324	107,953.00	15.70	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,270,217	-889,157	381,060	20,696.00	18.41	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	889,157	889,157	48,292.00	18.41	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,953,777	0	1,953,777	48,842.00	40.00	38.00
39.00	Central Services and Supply	389,731	0	389,731	19,854.00	19.63	39.00
40.00	Pharmacy	2,261,923	0	2,261,923	55,751.00	40.57	40.00
41.00	Medical Records & Medical Records Library	468,626	0	468,626	13,093.00	35.79	41.00
42.00	Social Service	2,122,743	0	2,122,743	48,431.00	43.83	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2022 5:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	72,872,927	0	72,872,927	1,766,819.00	41.25	1.00
2.00	Excluded area salaries (see instructions)	1,978,524	0	1,978,524	34,469.00	57.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,894,403	0	70,894,403	1,732,350.00	40.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,713,412	0	18,713,412	494,934.00	37.81	4.00
5.00	Subtotal wage-related costs (see inst.)	26,779,657	0	26,779,657	0.00	37.77	5.00
6.00	Total (sum of lines 3 thru 5)	116,387,472	0	116,387,472	2,227,284.00	52.26	6.00
7.00	Total overhead cost (see instructions)	33,595,087	0	33,595,087	964,712.00	34.82	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2022 5:41 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,914,006	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)	4,097,251	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
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)	8,195,967	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	346,160	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	54,869	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	467,299	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,469,676	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,390,156	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	28,019	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,963,403	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost			1.00	2.00	
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		0	0	1.00
2.00	Hospital		0	0	2.00
3.00	Subprovider - IPF				3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice				13.00
14.00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
17.00	Renal Dialysis		0	0	17.00
18.00	Other		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 5:41 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.236736	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		28,839,371	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		0	6.00	
7.00	Medicaid cost (line 1 times line 6)		0	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,911,838	2,043,997	11,955,835	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,346,489	2,043,997	4,390,486	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,346,489	2,043,997	4,390,486	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,625,484	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			260,468	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			400,720	27.01
28.00	Non-Medicare bad debt expense (see instructions)			11,224,764	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,797,558	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,188,044	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,188,044	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		13,523,677	13,523,677	-1,766,380	11,757,297	1.00
2.00	00200		0	0	5,808,247	5,808,247	2.00
4.00	00400				-65,969	2,696,943	4.00
5.00	00500	1,039,451	1,723,461	2,762,912		2,696,943	5.00
6.00	00600	17,999,747	57,848,899	75,848,646	-4,901,891	70,946,755	6.00
7.00	00700	472,098	2,297,838	2,769,936	0	2,769,936	7.00
7.01	00701	2,310,671	9,330,602	11,641,273	0	11,641,273	7.01
7.01	00701	0	789,516	789,516	0	789,516	7.01
8.00	00800	373,882	649,593	1,023,475	0	1,023,475	8.00
9.00	00900	1,623,463	1,271,448	2,894,911	0	2,894,911	9.00
9.01	01851	70,861	71,520	142,381	0	142,381	9.01
10.00	01000	1,270,217	1,634,582	2,904,799	-2,013,504	891,295	10.00
11.00	01100	0	0	0	2,013,504	2,013,504	11.00
13.00	01300	1,953,777	1,501,868	3,455,645	-845	3,454,800	13.00
14.00	01400	389,731	638,746	1,028,477	4,186	1,032,663	14.00
15.00	01500	2,261,923	7,975,493	10,237,416	-7,339,829	2,897,587	15.00
16.00	01600	468,626	321,160	789,786	-97	789,689	16.00
17.00	01700	2,122,743	1,075,996	3,198,739	0	3,198,739	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	122,201	122,201	22.00
23.00	02300	190,383	224,577	414,960	-1,434	413,526	23.00
23.01	02301	17,287	28,965	46,252	0	46,252	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	22,632,387	8,685,648	31,318,035	-1,552,749	29,765,286	30.00
31.00	03100	3,735,441	2,320,716	6,056,157	-150,132	5,906,025	31.00
35.00	02060	2,082,839	1,563,577	3,646,416	-45,934	3,600,482	35.00
43.00	04300	0	0	0	1,266,766	1,266,766	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	5,219,556	27,839,582	33,059,138	-17,301,313	15,757,825	50.00
51.00	05100	523,792	203,587	727,379	-6,905	720,474	51.00
52.00	05200	116,948	-8,251	108,697	-4	108,693	52.00
53.00	05300	47,982	1,857,564	1,905,546	-82,510	1,823,036	53.00
54.00	05400	4,513,417	6,125,330	10,638,747	-349,592	10,289,155	54.00
54.01	05401	406,569	350,154	756,723	-776	755,947	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	27,365	26,308	53,673	0	53,673	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	1,131,544	4,439,557	5,571,101	-2,630,883	2,940,218	55.01
55.02	03140	933,955	754,369	1,688,324	-117,830	1,570,494	55.02
55.03	03450	383,347	209,209	592,556	-354	592,202	55.03
60.00	06000	0	11,863,660	11,863,660	-8,842	11,854,818	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,406,717	935,690	2,342,407	-24,764	2,317,643	65.00
66.00	06600	517,543	98,662	616,205	0	616,205	66.00
66.01	06601	653,211	152,715	805,926	-1,501	804,425	66.01
66.02	06602	137,062	59,152	196,214	-280	195,934	66.02
67.00	06700	170,733	41,739	212,472	0	212,472	67.00
67.01	06701	81,178	17,542	98,720	-624	98,096	67.01
67.02	06702	12,638	2,994	15,632	0	15,632	67.02
68.00	06800	159,213	31,451	190,664	0	190,664	68.00
68.01	06801	158,860	31,977	190,837	0	190,837	68.01
68.02	06802	4,944	826	5,770	0	5,770	68.02
69.00	06900	391,362	128,940	520,302	-185	520,117	69.00
71.00	07100	0	0	0	3,062,045	3,062,045	71.00
72.00	07200	0	0	0	17,793,921	17,793,921	72.00
73.00	07300	0	0	0	7,829,029	7,829,029	73.00
74.00	07400	0	448,015	448,015	-294	447,721	74.00
76.00	03020	430,135	761,391	1,191,526	-4,056	1,187,470	76.00
76.01	03040	246,562	67,576	314,138	-74	314,064	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	210	210	0	210	90.01
90.02	09002	0	6,063	6,063	0	6,063	90.02
90.03	09003	986,778	435,500	1,422,278	-73,660	1,348,618	90.03
90.04	09004	12,039	2,599	14,638	0	14,638	90.04
90.05	09005	18,893	3,345	22,238	0	22,238	90.05
91.00	09100	3,513,482	3,768,054	7,281,536	-152,571	7,128,965	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300		-733,286	-733,286	733,286	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	83,221,352	173,400,106	256,621,458	37,403	256,658,861	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,230,954	205,653	1,436,607	-56	1,436,551	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	4,456	4,456	0	4,456	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	1,540,830	1,540,830	0	1,540,830	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	314,752	198,855	513,607	-31,494	482,113	194.04
194.05	07955 LAKESHORE JOINT VENTURE	102,004	124,450	226,454	-5,853	220,601	194.05
194.06	07957 COVID VACCINE CLINIC	123,144	23,841	146,985	0	146,985	194.06
200.00	TOTAL (SUM OF LINES 118 through 199)	84,992,206	175,498,191	260,490,397	0	260,490,397	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	216,267	11,973,564	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,808,247	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	170,472	2,867,415	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,485,884	61,460,871	5.00
6.00	00600	MAINTENANCE & REPAIRS	-4,270	2,765,666	6.00
7.00	00700	OPERATION OF PLANT	-170,000	11,471,273	7.00
7.01	00701	OPERATION OF PLANT - FP	0	789,516	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-198,824	824,651	8.00
9.00	00900	HOUSEKEEPING	-430,842	2,464,069	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	142,381	9.01
10.00	01000	DIETARY	0	891,295	10.00
11.00	01100	CAFETERIA	-394,078	1,619,426	11.00
13.00	01300	NURSING ADMINISTRATION	-65,772	3,389,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-966,807	65,856	14.00
15.00	01500	PHARMACY	1,016,596	3,914,183	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,856,655	2,646,344	16.00
17.00	01700	SOCIAL SERVICE	0	3,198,739	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	122,201	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-121,357	292,169	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-175,433	-129,181	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-56,191	29,709,095	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,906,025	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-626,701	2,973,781	35.00
43.00	04300	NURSERY	-20	1,266,746	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-6,369,342	9,388,483	50.00
51.00	05100	RECOVERY ROOM	0	720,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,448	106,245	52.00
53.00	05300	ANESTHESIOLOGY	-1,567,312	255,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,710	10,281,445	54.00
54.01	05401	RADIOLOGY - I-65	0	755,947	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	-583	53,090	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-1,175	2,939,043	55.01
55.02	03140	CARDIOLOGY	-5,300	1,565,194	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	592,202	55.03
60.00	06000	LABORATORY	-3,671	11,851,147	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	2,317,643	65.00
66.00	06600	PHYSICAL THERAPY	0	616,205	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	804,425	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	-1,958	193,976	66.02
67.00	06700	OCCUPATIONAL THERAPY	-452	212,020	67.00
67.01	06701	OCCUPATION THERAPY I-65	-1,675	96,421	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	15,632	67.02
68.00	06800	SPEECH PATHOLOGY	0	190,664	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	190,837	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	5,770	68.02
69.00	06900	ELECTROCARDIOLOGY	0	520,117	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,062,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,793,921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,829,029	73.00
74.00	07400	RENAL DIALYSIS	0	447,721	74.00
76.00	03020	RADIATION ONCOLOGY	0	1,187,470	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	314,064	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-148,738	-148,738	90.00
90.01	09001	DIABETES CLINIC	0	210	90.01
90.02	09002	OUTPATIENT CLINICS	0	6,063	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,348,618	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	14,638	90.04
90.05	09005	LACTATION CLINIC	0	22,238	90.05
91.00	09100	EMERGENCY	-1,593,588	5,535,377	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,140,141	237,518,720	118.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,436,551	192.00
194.00	07950	FHC	0	0	194.00
194.01	07951	CONVENT	0	4,456	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	1,540,830	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	194.03
194.04	07954	CENTER OF HOPE	0	482,113	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	220,601	194.05
194.06	07957	COVID VACCINE CLINIC	0	146,985	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-19,140,141	241,350,256	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	889,157	1,124,347	1.00
	O		889,157	1,124,347	
<b>D - CAPITAL</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,606,442	1.00
	TOTALS		0	5,606,442	
<b>E - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,062,045	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		0	3,062,045	
<b>F - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	201,805	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,084,921	2.00
	O		0	1,286,726	
<b>G - INTERNS AND RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	122,201	1.00
	O		0	122,201	
<b>I - NURSERY</b>					
1.00	NURSERY	43.00	1,007,794	258,972	1.00
	O		1,007,794	258,972	
<b>J - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,829,029	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,186	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	O		0	7,833,215	

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/30/2022 5:41 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>K - IMPLANT RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,793,921	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		0	17,793,921	
<b>L - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	115,446	1.00
2.00	INTEREST EXPENSE	113.00	0	5,860,074	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,011,342	3.00
	0		0	10,986,862	
500.00	Grand Total: Increases		1,896,951	48,074,731	500.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6  
Date/Time Prepared:  
5/30/2022 5:41 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	889,157	1,124,347	0	1.00
	O		889,157	1,124,347		
<b>D - CAPITAL</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,606,442	9	1.00
	TOTALS		0	5,606,442		
<b>E - CHARGEABLE SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,533	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,194	0	2.00
3.00	PHARMACY	15.00	0	271	0	3.00
4.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	1,369	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	201,848	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	106,893	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	45,206	0	7.00
8.00	OPERATING ROOM	50.00	0	1,742,318	0	8.00
9.00	RECOVERY ROOM	51.00	0	4,926	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	41,060	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	276,936	0	12.00
13.00	RADIOLOGY - I-65	54.01	0	530	0	13.00
14.00	CARDIAC CATHETERIZATION LAB	55.01	0	461,297	0	14.00
15.00	CARDIOLOGY	55.02	0	2,205	0	15.00
16.00	NEURO-DIAGNOSTICS	55.03	0	354	0	16.00
17.00	LABORATORY	60.00	0	8,802	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	23,232	0	18.00
19.00	PHYSICAL THERAPY I-65	66.01	0	1,501	0	19.00
20.00	PHYSICAL THERAPY ST JOHN	66.02	0	280	0	20.00
21.00	OCCUPATION THERAPY I-65	67.01	0	624	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	185	0	22.00
23.00	RENAL DIALYSIS	74.00	0	136	0	23.00
24.00	RADIATION ONCOLOGY	76.00	0	4,056	0	24.00
25.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	5,167	0	25.00
26.00	EMERGENCY	91.00	0	123,062	0	26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	56	0	27.00
	TOTALS		0	3,062,045		
<b>F - PROPERTY INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	201,805	12	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,084,921	12	2.00
	O		0	1,286,726		
<b>G - INTERNS AND RESIDENTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	122,201	0	1.00
	O		0	122,201		
<b>I - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,007,794	258,972	0	1.00
	O		1,007,794	258,972		
<b>J - PHARMACY</b>						
1.00	PHARMACY	15.00	0	7,339,558	0	1.00
2.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	65	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	84,135	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	43,239	0	4.00
5.00	OPERATING ROOM	50.00	0	84,988	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,736	0	6.00
7.00	LABORATORY	60.00	0	40	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	1,532	0	8.00
9.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	68,493	0	9.00
10.00	EMERGENCY	91.00	0	28,829	0	10.00
11.00	CENTER OF HOPE	194.04	0	31,494	0	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	60,436	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	343	0	13.00
14.00	NURSING ADMINISTRATION	13.00	0	845	0	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	97	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	728	0	16.00
17.00	RECOVERY ROOM	51.00	0	1,979	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	41,450	0	18.00
19.00	RADIOLOGY - I-65	54.01	0	246	0	19.00
20.00	CARDIAC CATHETERIZATION LAB	55.01	0	4,702	0	20.00
21.00	CARDIOLOGY	55.02	0	195	0	21.00
22.00	RENAL DIALYSIS	74.00	0	158	0	22.00
23.00	ANGIOCARDIOGRAPHY	76.01	0	74	0	23.00
24.00	LAKESHORE JOINT VENTURE	194.05	0	5,853	0	24.00
	O		0	7,833,215		

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/30/2022 5:41 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>K - IMPLANT RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	15,474,007	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,920	0	2.00
3.00	CARDIAC CATHETERIZATION LAB	55.01	0	2,164,884	0	3.00
4.00	CARDIOLOGY	55.02	0	115,430	0	4.00
5.00	EMERGENCY	91.00	0	680	0	5.00
	<b>O</b>		<b>0</b>	<b>17,793,921</b>		
<b>L - INTEREST EXPENSE</b>						
1.00	INTEREST EXPENSE	113.00	0	115,446	11	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,860,074	11	2.00
3.00	INTEREST EXPENSE	113.00	0	5,011,342	11	3.00
	<b>O</b>		<b>0</b>	<b>10,986,862</b>		
500.00	Grand Total: Decreases		1,896,951	48,074,731		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	13,914,478	0	0	0	1.00
2.00	Land Improvements	15,865,261	104,545	0	104,545	2.00
3.00	Buildings and Fixtures	156,710,268	954,891	0	954,891	3.00
4.00	Building Improvements	796,915	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	173,200,106	4,595,314	0	4,595,314	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	360,487,028	5,654,750	0	5,654,750	8.00
9.00	Reconciling Items	-11,919,238	-65,339,823	0	-65,339,823	9.00
10.00	Total (line 8 minus line 9)	372,406,266	70,994,573	0	70,994,573	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	13,914,478	0			1.00
2.00	Land Improvements	15,969,806	6,955,689			2.00
3.00	Buildings and Fixtures	149,965,160	5,472,986			3.00
4.00	Building Improvements	796,915	796,915			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	166,875,461	45,558,849			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	347,521,820	58,784,439			8.00
9.00	Reconciling Items	-77,259,061	0			9.00
10.00	Total (line 8 minus line 9)	424,780,881	58,784,439			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	12,067,184	0	0	1,456,493	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)	12,067,184	0	0	1,456,493	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	13,523,677				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,523,677				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,677,137	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,606,442	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,283,579	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	5,126,660	169,767	0	0	11,973,564	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	201,805	0	0	5,808,247	2.00
3.00	Total (sum of lines 1-2)	5,126,660	371,572	0	0	17,781,811	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-128	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	0	INTEREST EXPENSE	113.00	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-62,097	OPERATION OF PLANT	7.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,221,974			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,363,537			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-394,078	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32.00
33.00 PENSION EXPENSE	A	303,053	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 HAF FEES	B	-7,248,517	ADMINISTRATIVE & GENERAL		5.00	0 33.01
34.00 ADVERTISING	A	-14,868	ADMINISTRATIVE & GENERAL		5.00	9 34.00
35.00 NON ALLOWABLE INTEREST EXP	B		CAP REL COSTS-BLDG & FIXT		1.00	10 35.00
36.00 DEFERRED LEASE REVENUE	B	4,368	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00 ADMINISTRATIVE FEE	B	-69,348	ADMINISTRATIVE & GENERAL		5.00	0 37.00
38.00 DIETARY	A	-389,383	HOUSEKEEPING		9.00	0 38.00
39.00 CONTRACT REVENUE	B	-148,808	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.00
40.00 DISCOUNTS EARNED/REBATES	B	-169,213	ADMINISTRATIVE & GENERAL		5.00	0 40.00
40.01 DISCOUNTS EARNED/REBATES	B	-865,610	CENTRAL SERVICES & SUPPLY		14.00	0 40.01
40.02 DISCOUNTS EARNED/REBATES	B	-2,770	PHARMACY		15.00	0 40.02
41.00 EDUCATION MISC REV	B	-16,916	ADMINISTRATIVE & GENERAL		5.00	0 41.00
42.00 MISC. SVCS/OTHER OPERATING JOINT VE	B	16,227	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 42.00
42.01 MISC. SVCS/OTHER OPERATING JOINT VE	B	-284,718	ADMINISTRATIVE & GENERAL		5.00	0 42.01
42.02 MISC. SVCS/OTHER OPERATING JOINT VE	B	-4,270	MAINTENANCE & REPAIRS		6.00	0 42.02
42.03 MISC. SVCS/OTHER OPERATING JOINT VE	B	-107,903	OPERATION OF PLANT		7.00	0 42.03
42.04 MISC. SVCS/OTHER OPERATING JOINT VE	B	-198,824	LAUNDRY & LINEN SERVICE		8.00	0 42.04
42.05 MISC. SVCS/OTHER OPERATING JOINT VE	B	-41,459	HOUSEKEEPING		9.00	0 42.05
42.06 MISC. SVCS/OTHER OPERATING JOINT VE	B	-43,428	NURSING ADMINISTRATION		13.00	0 42.06
42.07 MISC. SVCS/OTHER OPERATING JOINT VE	B	-95,000	CENTRAL SERVICES & SUPPLY		14.00	0 42.07
42.08 MISC. SVCS/OTHER OPERATING JOINT VE	B	-2,459	PHARMACY		15.00	0 42.08
42.09 MISC. SVCS/OTHER OPERATING JOINT VE	B	-41,748	ADULTS & PEDIATRICS		30.00	0 42.09
42.10 MISC. SVCS/OTHER OPERATING JOINT VE	B	-1,613	OPERATING ROOM		50.00	0 42.10
42.11 MISC. SVCS/OTHER OPERATING JOINT VE	B	10,951	RADIOLOGY-DIAGNOSTIC		54.00	0 42.11
42.12 MISC. SVCS/OTHER OPERATING JOINT VE	B	-1,175	CARDIAC CATHETERIZATION LAB		55.01	0 42.12
42.13 MISC. SVCS/OTHER OPERATING JOINT VE	B	-452	OCCUPATIONAL THERAPY		67.00	0 42.13
42.14 MISC. SVCS/OTHER OPERATING JOINT VE	B	-1,675	OCCUPATION THERAPY I-65		67.01	0 42.14
43.00 LACTATION SERVICES	B	-20	NURSERY		43.00	0 43.00
44.00 MEDICAL RECORDS	B	-1,658	ADMINISTRATIVE & GENERAL		5.00	0 44.00
44.01 MEDICAL RECORDS	B	-20	RADIOLOGY-DIAGNOSTIC		54.00	0 44.01
45.00 PROGRAM FEES	B	-2,709	PARAMED ED PRGM-(SPECIFY)		23.00	0 45.00
45.01 PROGRAM FEES	B	-83,878	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01	0 45.01
45.02 PROPERTY RENTAL	B	-786,375	ADMINISTRATIVE & GENERAL		5.00	0 45.02
45.03 ST. CLARE CLINIC PROPERTY TAXES	B	-148,738	CLINIC		90.00	0 45.03
46.00 PARAMED ED REV	B	-118,648	PARAMED ED PRGM-(SPECIFY)		23.00	0 46.00
46.01 PARAMED ED REV	B	-91,555	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01	0 46.01
47.00 SOCIAL ACCOUNTABILITY	A	2,035	ADMINISTRATIVE & GENERAL		5.00	0 47.00
48.00 DEPRECIATION ADJUSTMENT	A	41,499	ADMINISTRATIVE & GENERAL		5.00	0 48.00
49.00 PROPERTY TAX ADJUSTMENT	A	-185,762	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01 PROPERTY TAX ADJUSTMENT	A	-14,443	ADULTS & PEDIATRICS		30.00	0 49.01
49.02 PROPERTY TAX ADJUSTMENT	A	-2,448	DELIVERY ROOM & LABOR ROOM		52.00	0 49.02
49.03 PROPERTY TAX ADJUSTMENT	A	-14,582	RADIOLOGY-DIAGNOSTIC		54.00	0 49.03
49.04 PROPERTY TAX ADJUSTMENT	A	-583	LOWELL RADIOLOGY		54.03	0 49.04
49.05 PROPERTY TAX ADJUSTMENT	A	-1,958	PHYSICAL THERAPY ST JOHN		66.02	0 49.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,140,141				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0126

Period: From 01/01/2021 To 12/31/2021

Worksheet A-8-1

Date/Time Prepared: 5/30/2022 5:41 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	INTEREST	946,482	5,797,127 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,399,808	2,183,413 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	31,921,005	27,796,001 3.00
4.00	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLIES	0	6,197 4.00
4.01	15.00	PHARMACY	COEP / PHARMACY	502,687	-519,138 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,857,155	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			37,627,137	35,263,600 5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:  
5/30/2022 5:41 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-4,850,645	11		1.00
2.00	216,395	9		2.00
3.00	4,125,004	0		3.00
4.00	-6,197	0		4.00
4.01	1,021,825	0		4.01
4.02	1,857,155	0		4.02
5.00	2,363,537			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:  
5/30/2022 5:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	38,081	28,456	9,625	197,500	77	1.00
2.00	13.00	NURSING ADMINISTRATION	22,344	22,344	0	197,500	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	500	500	0	197,500	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	675,147	617,197	57,950	237,100	425	4.00
5.00	50.00	OPERATING ROOM	4,302,284	4,211,059	91,225	246,400	716	5.00
6.00	50.00	OPERATING ROOM	2,150,264	2,150,264	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	1,593,784	1,565,159	28,625	239,400	230	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	4,059	4,059	0	271,900	0	8.00
9.00	55.02	CARDIOLOGY	5,300	5,300	0	239,400	0	9.00
10.00	60.00	LABORATORY	48,348	0	48,348	260,300	357	10.00
11.00	91.00	EMERGENCY	1,462,275	1,373,200	89,075	197,500	580	11.00
12.00	91.00	EMERGENCY	232,627	162,114	70,513	197,500	487	12.00
200.00			10,535,013	10,139,652	395,361		2,872	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	7,311	366	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	48,446	2,422	0	0	0	4.00
5.00	50.00	OPERATING ROOM	84,819	4,241	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	26,472	1,324	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.02	CARDIOLOGY	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	44,677	2,234	0	0	0	10.00
11.00	91.00	EMERGENCY	55,072	2,754	0	0	0	11.00
12.00	91.00	EMERGENCY	46,242	2,312	0	0	0	12.00
200.00			313,039	15,653	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	7,311	2,314	30,770		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	22,344		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	500		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	48,446	9,504	626,701		4.00
5.00	50.00	OPERATING ROOM	0	84,819	6,406	4,217,465		5.00
6.00	50.00	OPERATING ROOM	0	0	0	2,150,264		6.00
7.00	53.00	ANESTHESIOLOGY	0	26,472	2,153	1,567,312		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	4,059		8.00
9.00	55.02	CARDIOLOGY	0	0	0	5,300		9.00
10.00	60.00	LABORATORY	0	44,677	3,671	3,671		10.00
11.00	91.00	EMERGENCY	0	55,072	34,003	1,407,203		11.00
12.00	91.00	EMERGENCY	0	46,242	24,271	186,385		12.00
200.00			0	313,039	82,322	10,221,974		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,973,564	11,973,564			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,808,247		5,808,247		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,867,415	109,217	5,672	2,982,304	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,460,871	3,087,711	87,440	639,423	65,275,445
6.00 00600	MAINTENANCE & REPAIRS	2,765,666	22,832	1,655	16,771	2,806,924
7.00 00700	OPERATION OF PLANT	11,471,273	1,934,532	143,071	82,084	13,630,960
7.01 00701	OPERATION OF PLANT - FP	789,516	0	3,074	0	792,590
8.00 00800	LAUNDRY & LINEN SERVICE	824,651	133,412	3,680	13,282	975,025
9.00 00900	HOUSEKEEPING	2,464,069	80,737	38,578	57,672	2,641,056
9.01 01851	ENVIRONMENTAL SERVICES - FP	142,381	0	0	2,517	144,898
10.00 01000	DIETARY	891,295	368,131	24,756	13,537	1,297,719
11.00 01100	CAFETERIA	1,619,426	0	0	31,586	1,651,012
13.00 01300	NURSING ADMINISTRATION	3,389,028	310,160	440,520	69,406	4,209,114
14.00 01400	CENTRAL SERVICES & SUPPLY	65,856	302,908	53,006	13,845	435,615
15.00 01500	PHARMACY	3,914,183	38,369	8,405	80,353	4,041,310
16.00 01600	MEDICAL RECORDS & LIBRARY	2,646,344	164,507	13,894	16,647	2,841,392
17.00 01700	SOCIAL SERVICE	3,198,739	61,267	268	75,408	3,335,682
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	122,201	0	0	0	122,201
23.00 02300	PARAMED ED PRGM-(SPECIFY)	292,169	0	15,088	6,763	314,020
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-129,181	0	22,039	614	-106,528
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	29,709,095	1,126,697	482,106	768,157	32,086,055
31.00 03100	INTENSIVE CARE UNIT	5,906,025	233,883	353,211	132,698	6,625,817
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,973,781	285,525	121,709	73,991	3,455,006
43.00 04300	NURSERY	1,266,746	0	0	35,801	1,302,547
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,388,483	519,804	1,472,313	185,420	11,566,020
51.00 05100	RECOVERY ROOM	720,474	196,745	6,847	18,607	942,673
52.00 05200	DELIVERY ROOM & LABOR ROOM	106,245	285,657	0	4,154	396,056
53.00 05300	ANESTHESIOLOGY	255,724	27,931	45,679	1,705	331,039
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,281,445	622,451	885,674	160,335	11,949,905
54.01 05401	RADIOLOGY - I-65	755,947	0	225,501	14,443	995,891
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03 05403	LOWELL RADIOLOGY	53,090	0	17,207	972	71,269
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	2,939,043	125,919	440,270	40,197	3,545,429
55.02 03140	CARDIOLOGY	1,565,194	61,597	350,463	33,178	2,010,432
55.03 03450	NEURO-DIAGNOSTICS	592,202	36,809	33,373	13,618	676,002
60.00 06000	LABORATORY	11,851,147	197,976	4,393	0	12,053,516
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,317,643	38,633	130,581	49,972	2,536,829
66.00 06600	PHYSICAL THERAPY	616,205	80,276	768	18,385	715,634
66.01 06601	PHYSICAL THERAPY I-65	804,425	0	15,634	23,205	843,264
66.02 06602	PHYSICAL THERAPY ST JOHN	193,976	0	3,813	4,869	202,658
67.00 06700	OCCUPATIONAL THERAPY	212,020	0	0	6,065	218,085
67.01 06701	OCCUPATION THERAPY I-65	96,421	0	0	2,884	99,305
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	15,632	0	0	449	16,081
68.00 06800	SPEECH PATHOLOGY	190,664	0	0	5,656	196,320
68.01 06801	SPEECH PATHOLOGY I-65	190,837	0	0	5,643	196,480
68.02 06802	SPEECH THERAPY ST. JOHN	5,770	0	0	176	5,946
69.00 06900	ELECTROCARDIOLOGY	520,117	83,286	34,503	13,903	651,809
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,062,045	0	0	0	3,062,045
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,793,921	0	0	0	17,793,921
73.00 07300	DRUGS CHARGED TO PATIENTS	7,829,029	0	0	0	7,829,029
74.00 07400	RENAL DIALYSIS	447,721	11,339	0	0	459,060
76.00 03020	RADIATION ONCOLOGY	1,187,470	0	165,248	15,280	1,367,998
76.01 03040	ANGIOCARDIOGRAPHY	314,064	0	0	8,759	322,823
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	-148,738	0	0	0	-148,738
90.01 09001	DIABETES CLINIC	210	2,637	0	0	2,847
90.02 09002	OUTPATIENT CLINICS	6,063	0	8,086	0	14,149
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	1,348,618	229,664	10,747	35,054	1,624,083
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	14,638	0	0	428	15,066
90.05 09005	LACTATION CLINIC	22,238	0	0	671	22,909
91.00 09100	EMERGENCY	5,535,377	377,888	82,632	124,813	6,120,710
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02 09102	EXPRESS CARE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS)	0	1.00	2.00	4.00	4A	0 92.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	237,518,720	11,158,500	5,751,904	2,919,396	236,584,405	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,436,551	151,146	3,425	43,728	1,634,850	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	4,456	0	0	0	4,456	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	1,540,830	635,658	47,561	0	2,224,049	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	28,260	0	0	28,260	194.03
194.04 07954 CENTER OF HOPE	482,113	0	5,357	11,181	498,651	194.04
194.05 07955 LAKESHORE JOINT VENTURE	220,601	0	0	3,624	224,225	194.05
194.06 07957 COVID VACCINE CLINIC	146,985	0	0	4,375	151,360	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	241,350,256	11,973,564	5,808,247	2,982,304	241,350,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	65,275,445					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,039,258	3,846,182				6.00
7.00	00700	OPERATION OF PLANT	5,046,836	849,978	19,527,774			7.00
7.01	00701	OPERATION OF PLANT - FP	293,455	0	0	1,086,045		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	361,001	58,618	382,041	366,272	2,142,957	8.00
9.00	00900	HOUSEKEEPING	977,846	35,474	231,201	75,728	190,231	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	53,648	0	0	0	0	9.01
10.00	01000	DIETARY	480,478	161,747	1,054,185	0	25,791	10.00
11.00	01100	CAFETERIA	611,284	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,558,416	136,276	888,178	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	161,286	133,089	867,412	0	6,223	14.00
15.00	01500	PHARMACY	1,496,287	16,858	109,874	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,052,020	72,280	471,086	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,235,030	26,919	175,446	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	45,245	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	116,265	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,879,845	495,040	3,226,425	0	1,082,270	30.00
31.00	03100	INTENSIVE CARE UNIT	2,453,195	102,762	669,752	0	73,667	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,279,209	125,452	817,635	0	50,854	35.00
43.00	04300	NURSERY	482,265	0	0	0	22,294	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,282,296	228,388	1,488,520	0	234,274	50.00
51.00	05100	RECOVERY ROOM	349,023	86,444	563,402	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146,639	125,510	818,012	0	0	52.00
53.00	05300	ANESTHESIOLOGY	122,567	12,272	79,983	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,424,428	273,488	1,782,460	0	53,813	54.00
54.01	05401	RADIOLOGY - I-65	368,727	0	0	261,194	52,906	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	379	54.02
54.03	05403	LOWELL RADIOLOGY	26,387	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,312,688	55,325	360,582	0	18,764	55.01
55.02	03140	CARDIOLOGY	744,358	27,064	176,390	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	250,288	16,173	105,406	0	17,165	55.03
60.00	06000	LABORATORY	4,462,790	86,985	566,926	0	2,471	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	939,256	16,974	110,629	0	0	65.00
66.00	06600	PHYSICAL THERAPY	264,962	35,271	229,879	0	62,521	66.00
66.01	06601	PHYSICAL THERAPY I-65	312,217	0	0	285,466	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	75,034	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	80,746	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	36,767	0	0	35,109	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	5,954	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	72,687	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	72,746	0	0	62,276	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	2,201	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	241,331	36,594	238,500	0	12,743	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,133,716	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,588,164	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,898,682	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	169,966	4,982	32,471	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	506,499	0	0	0	10,793	76.00
76.01	03040	ANGIOCARDIOGRAPHY	119,525	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	1,291	90.00
90.01	09001	DIABETES CLINIC	1,054	1,159	7,551	0	11,459	90.01
90.02	09002	OUTPATIENT CLINICS	5,239	0	0	0	60,249	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	601,313	100,908	657,670	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	5,578	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	8,482	0	0	0	0	90.05
91.00	09100	EMERGENCY	2,266,181	166,034	1,082,125	0	152,799	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,521,360	3,488,064	17,193,741	1,086,045	2,142,957	118.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	605,300	66,410	432,825	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	1,650	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	823,450	279,291	1,820,281	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	12,417	80,927	0	0	194.03
194.04	07954	CENTER OF HOPE	184,625	0	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	83,019	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	56,041	0	0	0	0	194.06
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)	65,275,445	3,846,182	19,527,774	1,086,045	2,142,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,151,536					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	198,546				9.01
10.00	01000	DIETARY	231,382	0	3,251,302			10.00
11.00	01100	CAFETERIA	0	0	0	2,262,296		11.00
13.00	01300	NURSING ADMINISTRATION	194,946	0	0	77,231	7,064,161	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	190,388	0	0	32,308	0	14.00
15.00	01500	PHARMACY	24,116	0	0	91,867	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	103,398	0	0	22,753	0	16.00
17.00	01700	SOCIAL SERVICE	38,508	0	0	79,024	117,526	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	9,235	22,381	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	811	15,565	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	708,167	0	2,906,512	635,011	3,285,312	30.00
31.00	03100	INTENSIVE CARE UNIT	147,003	0	344,790	147,291	843,244	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	179,462	0	0	77,560	430,662	35.00
43.00	04300	NURSERY	0	0	0	43,744	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	326,714	0	0	215,267	1,017,452	50.00
51.00	05100	RECOVERY ROOM	123,661	0	0	19,671	81,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	179,545	0	0	124,241	13,362	52.00
53.00	05300	ANESTHESIOLOGY	17,555	0	0	4,299	11,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	391,231	0	0	221,218	247,489	54.00
54.01	05401	RADIOLOGY - I-65	0	80,521	0	20,417	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	1,620	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	79,144	0	0	39,802	155,870	55.01
55.02	03140	CARDIOLOGY	38,716	0	0	37,496	49,104	55.02
55.03	03450	NEURO-DIAGNOSTICS	23,135	0	0	10,895	0	55.03
60.00	06000	LABORATORY	124,434	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	24,282	0	0	68,489	0	65.00
66.00	06600	PHYSICAL THERAPY	50,456	0	0	16,518	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	88,004	0	23,935	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	6,126	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,533	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	10,823	0	2,917	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	479	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,914	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	19,198	0	5,794	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	165	0	68.02
69.00	06900	ELECTROCARDIOLOGY	52,348	0	0	16,879	38,011	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	135	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,127	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	15,349	27,057	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	8,567	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	1,657	0	0	0	10,685	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	30	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	144,351	0	0	2,777	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	417	699	90.04
90.05	09005	LACTATION CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	237,515	0	0	163,766	672,980	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,639,241	198,546	3,251,302	2,256,551	7,039,921	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

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Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,000	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	399,532	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	17,763	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	24,240	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	5,745	0	194.06
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)	4,151,536	198,546	3,251,302	2,262,296	7,064,161	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,826,321				14.00
15.00	01500	PHARMACY	162	5,780,474			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,562,929		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,008,135	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	819	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	120,774	0	322,818	354,317	30.00
31.00	03100	INTENSIVE CARE UNIT	63,958	0	72,670	79,761	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	27,049	0	59,969	65,820	35.00
43.00	04300	NURSERY	0	0	27,177	29,829	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,042,495	0	477,514	524,108	50.00
51.00	05100	RECOVERY ROOM	2,947	0	48,986	53,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	0	37,405	41,054	52.00
53.00	05300	ANESTHESIOLOGY	24,568	0	107,433	117,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	165,702	0	870,139	955,012	54.00
54.01	05401	RADIOLOGY - I-65	317	0	114,517	125,691	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	2,983	3,274	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	276,012	0	211,748	232,410	55.01
55.02	03140	CARDIOLOGY	1,319	0	84,140	92,350	55.02
55.03	03450	NEURO-DIAGNOSTICS	212	0	34,872	38,275	55.03
60.00	06000	LABORATORY	5,267	0	709,927	779,200	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	13,901	0	96,338	105,739	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,784	9,642	66.00
66.01	06601	PHYSICAL THERAPY I-65	898	0	15,213	16,697	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	168	0	4,020	4,412	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,671	8,420	67.00
67.01	06701	OCCUPATION THERAPY I-65	373	0	1,513	1,660	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	367	403	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	7,408	8,131	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	5,946	6,527	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	172	189	68.02
69.00	06900	ELECTROCARDIOLOGY	111	0	50,966	55,939	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	73,433	80,598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	233,046	255,786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,780,474	301,467	330,883	73.00
74.00	07400	RENAL DIALYSIS	81	0	5,665	6,218	74.00
76.00	03020	RADIATION ONCOLOGY	2,427	0	83,344	91,477	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	4,483	4,920	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	70	77	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	3,092	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	146	161	90.04
90.05	09005	LACTATION CLINIC	0	0	77	85	90.05
91.00	09100	EMERGENCY	73,633	0	480,502	527,388	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		14.00	15.00	16.00	17.00	SERVICES-SALARY & FRINGES APPRV	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,826,287	5,780,474	4,562,929	5,008,135	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34	0	0	0	0
194.00	07950	FHC	0	0	0	0	0
194.01	07951	CONVENT	0	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0
194.04	07954	CENTER OF HOPE	0	0	0	0	0
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0	0
194.06	07957	COVID VACCINE CLINIC	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,826,321	5,780,474	4,562,929	5,008,135	0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	167,446				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		462,720			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			-90,152		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	57,102,546	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	11,623,910	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	6,568,678	0 35.00
43.00 04300	NURSERY	0	0	0	1,907,856	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	21,403,048	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	2,271,808	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,881,826	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	828,919	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	21,334,885	0 54.00
54.01 05401	RADIOLOGY - I-65	0	0	0	2,020,181	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	379	0 54.02
54.03 05403	LOWELL RADIOLOGY	0	0	0	105,533	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	0	0	6,287,774	0 55.01
55.02 03140	CARDIOLOGY	0	0	0	3,261,369	0 55.02
55.03 03450	NEURO-DIAGNOSTICS	0	0	0	1,172,423	0 55.03
60.00 06000	LABORATORY	0	0	0	18,791,516	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	3,912,437	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,393,667	0 66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	0	1,585,694	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	292,418	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	321,455	0 67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	188,467	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	23,284	0 67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	290,460	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	368,967	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	8,673	0 68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,395,231	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,349,927	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,870,917	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,140,535	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	685,570	0 74.00
76.00 03020	RADIATION ONCOLOGY	0	0	0	2,104,944	0 76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	0	460,318	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	-147,447	0 90.00
90.01 09001	DIABETES CLINIC	0	0	0	36,559	0 90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	79,667	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	3,134,194	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	22,067	0 90.04
90.05 09005	LACTATION CLINIC	0	0	0	31,553	0 90.05
91.00 09100	EMERGENCY	167,446	462,720	0	12,573,799	-167,446 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0 91.01
91.02 09102	EXPRESS CARE	0	0	0	0	0 91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS)	22.00	23.00	23.01	24.00	25.00	0 92.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	167,446	462,720	0	231,686,007	-167,446	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	2,834,419	0	0 192.00
194.00 07950 FHC	0	0	0	0	0	0 194.00
194.01 07951 CONVENT	0	0	0	6,106	0	0 194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	5,546,603	0	0 194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	139,367	0	0 194.03
194.04 07954 CENTER OF HOPE	0	0	0	707,516	0	0 194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	0	307,244	0	0 194.05
194.06 07957 COVID VACCINE CLINIC	0	0	0	213,146	0	0 194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	-90,152	-90,152	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	167,446	462,720	-90,152	241,350,256	-167,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 5:41 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	57,102,546	30.00
31.00	03100	INTENSIVE CARE UNIT	11,623,910	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,568,678	35.00
43.00	04300	NURSERY	1,907,856	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	21,403,048	50.00
51.00	05100	RECOVERY ROOM	2,271,808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,881,826	52.00
53.00	05300	ANESTHESIOLOGY	828,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,334,885	54.00
54.01	05401	RADIOLOGY - I-65	2,020,181	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	379	54.02
54.03	05403	LOWELL RADIOLOGY	105,533	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	6,287,774	55.01
55.02	03140	CARDIOLOGY	3,261,369	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,172,423	55.03
60.00	06000	LABORATORY	18,791,516	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,912,437	65.00
66.00	06600	PHYSICAL THERAPY	1,393,667	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,585,694	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	292,418	66.02
67.00	06700	OCCUPATIONAL THERAPY	321,455	67.00
67.01	06701	OCCUPATION THERAPY I-65	188,467	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	23,284	67.02
68.00	06800	SPEECH PATHOLOGY	290,460	68.00
68.01	06801	SPEECH PATHOLOGY I-65	368,967	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	8,673	68.02
69.00	06900	ELECTROCARDIOLOGY	1,395,231	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,349,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,870,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,140,535	73.00
74.00	07400	RENAL DIALYSIS	685,570	74.00
76.00	03020	RADIATION ONCOLOGY	2,104,944	76.00
76.01	03040	ANGIOCARDIOGRAPHY	460,318	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	-147,447	90.00
90.01	09001	DIABETES CLINIC	36,559	90.01
90.02	09002	OUTPATIENT CLINICS	79,667	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	3,134,194	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	22,067	90.04
90.05	09005	LACTATION CLINIC	31,553	90.05
91.00	09100	EMERGENCY	12,406,353	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	231,518,561	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description			Total	
			26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,834,419	192.00
194.00	07950	FHC	0	194.00
194.01	07951	CONVENT	6,106	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	5,546,603	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	139,367	194.03
194.04	07954	CENTER OF HOPE	707,516	194.04
194.05	07955	LAKESHORE JOINT VENTURE	307,244	194.05
194.06	07957	COVID VACCINE CLINIC	213,146	194.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-90,152	201.00
202.00		TOTAL (sum lines 118 through 201)	241,182,810	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	109,217	5,672	114,889	114,889	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,087,711	87,440	3,175,151	24,624	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	22,832	1,655	24,487	646	6.00
7.00 00700	OPERATION OF PLANT	0	1,934,532	143,071	2,077,603	3,161	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	3,074	3,074	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	133,412	3,680	137,092	511	8.00
9.00 00900	HOUSEKEEPING	0	80,737	38,578	119,315	2,221	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	97	9.01
10.00 01000	DIETARY	0	368,131	24,756	392,887	521	10.00
11.00 01100	CAFETERIA	0	0	0	0	1,216	11.00
13.00 01300	NURSING ADMINISTRATION	0	310,160	440,520	750,680	2,673	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	302,908	53,006	355,914	533	14.00
15.00 01500	PHARMACY	0	38,369	8,405	46,774	3,094	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	164,507	13,894	178,401	641	16.00
17.00 01700	SOCIAL SERVICE	0	61,267	268	61,535	2,904	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	15,088	15,088	260	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	22,039	22,039	24	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	1,126,697	482,106	1,608,803	29,626	30.00
31.00 03100	INTENSIVE CARE UNIT	0	233,883	353,211	587,094	5,110	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	285,525	121,709	407,234	2,849	35.00
43.00 04300	NURSERY	0	0	0	0	1,379	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	519,804	1,472,313	1,992,117	7,140	50.00
51.00 05100	RECOVERY ROOM	0	196,745	6,847	203,592	717	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	285,657	0	285,657	160	52.00
53.00 05300	ANESTHESIOLOGY	0	27,931	45,679	73,610	66	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	622,451	885,674	1,508,125	6,174	54.00
54.01 05401	RADIOLOGY - I-65	0	0	225,501	225,501	556	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	0	17,207	17,207	37	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	125,919	440,270	566,189	1,548	55.01
55.02 03140	CARDIOLOGY	0	61,597	350,463	412,060	1,278	55.02
55.03 03450	NEURO-DIAGNOSTICS	0	36,809	33,373	70,182	524	55.03
60.00 06000	LABORATORY	0	197,976	4,393	202,369	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	38,633	130,581	169,214	1,924	65.00
66.00 06600	PHYSICAL THERAPY	0	80,276	768	81,044	708	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	15,634	15,634	894	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	3,813	3,813	188	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	234	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	0	111	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	17	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	218	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	217	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	7	68.02
69.00 06900	ELECTROCARDIOLOGY	0	83,286	34,503	117,789	535	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	11,339	0	11,339	0	74.00
76.00 03020	RADIATION ONCOLOGY	0	0	165,248	165,248	588	76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	0	0	337	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	DIABETES CLINIC	0	2,637	0	2,637	0	90.01
90.02 09002	OUTPATIENT CLINICS	0	0	8,086	8,086	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	229,664	10,747	240,411	1,350	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	16	90.04
90.05 09005	LACTATION CLINIC	0	0	0	0	26	90.05
91.00 09100	EMERGENCY	0	377,888	82,632	460,520	4,806	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,158,500	5,751,904	16,910,404
					112,466	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	151,146	3,425	154,571
194.00	07950	FHC	0	0	0	0
194.01	07951	CONVENT	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	635,658	47,561	683,219
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	28,260	0	28,260
194.04	07954	CENTER OF HOPE	0	0	5,357	5,357
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0
194.06	07957	COVID VACCINE CLINIC	0	0	0	0
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers				0
202.00		TOTAL (sum lines 118 through 201)	0	11,973,564	5,808,247	17,781,811
					114,889	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,199,775					5.00
6.00	00600	MAINTENANCE & REPAIRS	50,943	76,076				6.00
7.00	00700	OPERATION OF PLANT	247,388	16,812	2,344,964			7.00
7.01	00701	OPERATION OF PLANT - FP	14,385	0	0	17,459		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	17,696	1,159	45,877	5,889	208,224	8.00
9.00	00900	HOUSEKEEPING	47,933	702	27,763	1,217	18,484	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	2,630	0	0	0	0	9.01
10.00	01000	DIETARY	23,552	3,199	126,590	0	2,506	10.00
11.00	01100	CAFETERIA	29,964	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,391	2,695	106,656	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,906	2,632	104,162	0	605	14.00
15.00	01500	PHARMACY	73,346	333	13,194	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,568	1,430	56,570	0	0	16.00
17.00	01700	SOCIAL SERVICE	60,539	532	21,068	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,218	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	5,699	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	582,404	9,792	387,441	0	105,161	30.00
31.00	03100	INTENSIVE CARE UNIT	120,252	2,033	80,426	0	7,158	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	62,705	2,481	98,184	0	4,941	35.00
43.00	04300	NURSERY	23,640	0	0	0	2,166	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	209,912	4,517	178,747	0	22,764	50.00
51.00	05100	RECOVERY ROOM	17,109	1,710	67,655	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,188	2,483	98,230	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,008	243	9,605	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	216,879	5,409	214,044	0	5,229	54.00
54.01	05401	RADIOLOGY - I-65	18,074	0	0	4,199	5,141	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	37	54.02
54.03	05403	LOWELL RADIOLOGY	1,293	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	64,346	1,094	43,300	0	1,823	55.01
55.02	03140	CARDIOLOGY	36,487	535	21,181	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	12,269	320	12,658	0	1,668	55.03
60.00	06000	LABORATORY	218,759	1,721	68,078	0	240	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	46,041	336	13,285	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,988	698	27,605	0	6,075	66.00
66.01	06601	PHYSICAL THERAPY I-65	15,304	0	0	4,589	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	3,678	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,958	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	1,802	0	0	564	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	292	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	3,563	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	3,566	0	0	1,001	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	108	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	11,830	724	28,640	0	1,238	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,573	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,942	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,089	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,331	99	3,899	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	24,828	0	0	0	1,049	76.00
76.01	03040	ANGIOCARDIOGRAPHY	5,859	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	125	90.00
90.01	09001	DIABETES CLINIC	52	23	907	0	1,113	90.01
90.02	09002	OUTPATIENT CLINICS	257	0	0	0	5,854	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	29,475	1,996	78,975	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	273	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	416	0	0	0	0	90.05
91.00	09100	EMERGENCY	111,085	3,284	129,945	0	14,847	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,113,793	68,992	2,064,685	17,459	208,224	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE		
			5.00	6.00	7.00	7.01	8.00		
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,671	1,314	51,975	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	0	194.00
194.01	07951	CONVENT	81	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	40,364	5,524	218,586	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	246	9,718	0	0	0	194.03
194.04	07954	CENTER OF HOPE	9,050	0	0	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	4,069	0	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	2,747	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,199,775	76,076	2,344,964	17,459	208,224	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	217,635					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	2,727				9.01
10.00	01000	DIETARY	12,130	0	561,385			10.00
11.00	01100	CAFETERIA	0	0	0	31,180		11.00
13.00	01300	NURSING ADMINISTRATION	10,220	0	0	1,064	950,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,981	0	0	445	0	14.00
15.00	01500	PHARMACY	1,264	0	0	1,266	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,420	0	0	314	0	16.00
17.00	01700	SOCIAL SERVICE	2,019	0	0	1,089	15,811	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	127	3,011	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	11	2,094	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	37,124	0	501,852	8,753	441,990	30.00
31.00	03100	INTENSIVE CARE UNIT	7,706	0	59,533	2,030	113,446	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,408	0	0	1,069	57,939	35.00
43.00	04300	NURSERY	0	0	0	603	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,127	0	0	2,967	136,883	50.00
51.00	05100	RECOVERY ROOM	6,483	0	0	271	10,929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,412	0	0	1,712	1,798	52.00
53.00	05300	ANESTHESIOLOGY	920	0	0	59	1,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,509	0	0	3,049	33,296	54.00
54.01	05401	RADIOLOGY - I-65	0	1,106	0	281	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	22	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	4,149	0	0	549	20,970	55.01
55.02	03140	CARDIOLOGY	2,030	0	0	517	6,606	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,213	0	0	150	0	55.03
60.00	06000	LABORATORY	6,523	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,273	0	0	944	0	65.00
66.00	06600	PHYSICAL THERAPY	2,645	0	0	228	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	1,208	0	330	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	84	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	90	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	149	0	40	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	7	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	82	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	264	0	80	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	2	0	68.02
69.00	06900	ELECTROCARDIOLOGY	2,744	0	0	233	5,114	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	374	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	212	3,640	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	118	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	87	0	0	0	1,438	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	7,567	0	0	38	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	6	94	90.04
90.05	09005	LACTATION CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	12,451	0	0	2,257	90,540	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,779	2,727	561,385	31,101	947,118	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,980	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	20,945	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	931	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	3,261	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	79	0	194.06
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)	217,635	2,727	561,385	31,180	950,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV
		14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851						9.01
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	482,178					14.00
15.00	01500						15.00
16.00	01600		139,314				16.00
17.00	01700			294,344			17.00
21.00	02100				165,497		21.00
22.00	02200					0	22.00
23.00	02300						23.00
23.01	02301	216					23.01
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	31,886	0	20,838	11,700		30.00
31.00	03100	16,886	0	4,691	2,634		31.00
35.00	02060	7,141	0	3,871	2,173		35.00
43.00	04300	0	0	1,754	985		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	275,237	0	30,824	17,306		50.00
51.00	05100	778	0	3,162	1,775		51.00
52.00	05200	1	0	2,414	1,356		52.00
53.00	05300	6,486	0	6,935	3,894		53.00
54.00	05400	43,748	0	55,973	31,662		54.00
54.01	05401	84	0	7,392	4,150		54.01
54.02	05402	0	0	0	0		54.02
54.03	05403	0	0	193	108		54.03
55.00	05500	0	0	0	0		55.00
55.01	05501	72,872	0	13,668	7,674		55.01
55.02	03140	348	0	5,431	3,049		55.02
55.03	03450	56	0	2,251	1,264		55.03
60.00	06000	1,390	0	45,826	25,730		60.00
60.01	06001	0	0	0	0		60.01
65.00	06500	3,670	0	6,219	3,492		65.00
66.00	06600	0	0	567	318		66.00
66.01	06601	237	0	982	551		66.01
66.02	06602	44	0	259	146		66.02
67.00	06700	0	0	495	278		67.00
67.01	06701	99	0	98	55		67.01
67.02	06702	0	0	24	13		67.02
68.00	06800	0	0	478	268		68.00
68.01	06801	0	0	384	216		68.01
68.02	06802	0	0	11	6		68.02
69.00	06900	29	0	3,290	1,847		69.00
71.00	07100	0	0	4,740	2,661		71.00
72.00	07200	0	0	15,043	8,446		72.00
73.00	07300	0	139,314	19,460	10,926		73.00
74.00	07400	21	0	366	205		74.00
76.00	03020	641	0	5,380	3,021		76.00
76.01	03040	0	0	289	162		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0		90.00
90.01	09001	0	0	5	3		90.01
90.02	09002	0	0	0	0		90.02
90.03	09003	816	0	0	0		90.03
90.04	09004	0	0	9	5		90.04
90.05	09005	0	0	5	3		90.05
91.00	09100	19,440	0	31,017	17,415		91.00
91.01	09101	0	0	0	0		91.01
91.02	09102	0	0	0	0		91.02
92.00	09200	0	0	0	0		92.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		14.00	15.00	16.00	17.00	SERVICES-SALARY & FRINGES APPRV	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	482,169	139,314	294,344	165,497	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	0	194.06
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	482,178	139,314	294,344	165,497	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,218				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		24,401			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			24,168		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS			3,777,370		30.00
31.00 03100	INTENSIVE CARE UNIT			1,008,999		31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			659,995		35.00
43.00 04300	NURSERY			30,527		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM			2,895,541		50.00
51.00 05100	RECOVERY ROOM			314,181		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			410,411		52.00
53.00 05300	ANESTHESIOLOGY			109,345		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,144,097		54.00
54.01 05401	RADIOLOGY - I-65			266,484		54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			37		54.02
54.03 05403	LOWELL RADIOLOGY			18,860		54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0		55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			798,182		55.01
55.02 03140	CARDIOLOGY			489,522		55.02
55.03 03450	NEURO-DIAGNOSTICS			102,555		55.03
60.00 06000	LABORATORY			570,636		60.00
60.01 06001	BLOOD LABORATORY			0		60.01
65.00 06500	RESPIRATORY THERAPY			246,398		65.00
66.00 06600	PHYSICAL THERAPY			132,876		66.00
66.01 06601	PHYSICAL THERAPY I-65			39,729		66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			8,212		66.02
67.00 06700	OCCUPATIONAL THERAPY			5,055		67.00
67.01 06701	OCCUPATION THERAPY I-65			2,918		67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			353		67.02
68.00 06800	SPEECH PATHOLOGY			4,609		68.00
68.01 06801	SPEECH PATHOLOGY I-65			5,728		68.01
68.02 06802	SPEECH THERAPY ST. JOHN			134		68.02
69.00 06900	ELECTROCARDIOLOGY			174,013		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			62,976		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			346,431		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			311,789		73.00
74.00 07400	RENAL DIALYSIS			24,634		74.00
76.00 03020	RADIATION ONCOLOGY			204,607		76.00
76.01 03040	ANGIOCARDIOGRAPHY			6,765		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC			125		90.00
90.01 09001	DIABETES CLINIC			6,265		90.01
90.02 09002	OUTPATIENT CLINICS			14,197		90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			360,628		90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			403		90.04
90.05 09005	LACTATION CLINIC			450		90.05
91.00 09100	EMERGENCY			897,607		91.00
91.01 09101	EMERGENCY ROOM PHYSICIANS			0		91.01
91.02 09102	EXPRESS CARE			0		91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS)	22.00	23.00	23.01	24.00	25.00	0 92.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	16,453,644	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN				0		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				244,204		0 192.00
194.00 07950 FHC				0		0 194.00
194.01 07951 CONVENT				81		0 194.01
194.02 07952 OTHER NON REIMB - BUILDINGS				968,638		0 194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH				39,155		0 194.03
194.04 07954 CENTER OF HOPE				18,099		0 194.04
194.05 07955 LAKESHORE JOINT VENTURE				4,209		0 194.05
194.06 07957 COVID VACCINE CLINIC				2,994		0 194.06
200.00 Cross Foot Adjustments	2,218	24,401	0	26,619		0 200.00
201.00 Negative Cost Centers	0	0	24,168	24,168		0 201.00
202.00 TOTAL (sum lines 118 through 201)	2,218	24,401	24,168	17,781,811		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	3,777,370	30.00
31.00	03100	INTENSIVE CARE UNIT	1,008,999	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	659,995	35.00
43.00	04300	NURSERY	30,527	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	2,895,541	50.00
51.00	05100	RECOVERY ROOM	314,181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	410,411	52.00
53.00	05300	ANESTHESIOLOGY	109,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,144,097	54.00
54.01	05401	RADIOLOGY - I-65	266,484	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	37	54.02
54.03	05403	LOWELL RADIOLOGY	18,860	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	798,182	55.01
55.02	03140	CARDIOLOGY	489,522	55.02
55.03	03450	NEURO-DIAGNOSTICS	102,555	55.03
60.00	06000	LABORATORY	570,636	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	246,398	65.00
66.00	06600	PHYSICAL THERAPY	132,876	66.00
66.01	06601	PHYSICAL THERAPY I-65	39,729	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	8,212	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,055	67.00
67.01	06701	OCCUPATION THERAPY I-65	2,918	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	353	67.02
68.00	06800	SPEECH PATHOLOGY	4,609	68.00
68.01	06801	SPEECH PATHOLOGY I-65	5,728	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	134	68.02
69.00	06900	ELECTROCARDIOLOGY	174,013	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	311,789	73.00
74.00	07400	RENAL DIALYSIS	24,634	74.00
76.00	03020	RADIATION ONCOLOGY	204,607	76.00
76.01	03040	ANGIOCARDIOGRAPHY	6,765	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	125	90.00
90.01	09001	DIABETES CLINIC	6,265	90.01
90.02	09002	OUTPATIENT CLINICS	14,197	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	360,628	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	403	90.04
90.05	09005	LACTATION CLINIC	450	90.05
91.00	09100	EMERGENCY	897,607	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,453,644	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description		Total	
		26.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	244,204	192.00
194.00	07950 FHC	0	194.00
194.01	07951 CONVENT	81	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	968,638	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	39,155	194.03
194.04	07954 CENTER OF HOPE	18,099	194.04
194.05	07955 LAKESHORE JOINT VENTURE	4,209	194.05
194.06	07957 COVID VACCINE CLINIC	2,994	194.06
200.00	Cross Foot Adjustments	26,619	200.00
201.00	Negative Cost Centers	24,168	201.00
202.00	TOTAL (sum lines 118 through 201)	17,781,811	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	544,864				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,355,000			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,970	4,253	83,952,755		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	140,508	65,562	17,999,747	-65,275,445	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,039	1,241	472,098	0	6.00
7.00 00700	OPERATION OF PLANT	88,032	107,274	2,310,671	0	7.00
7.01 00701	OPERATION OF PLANT - FP	0	2,305	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	2,759	373,882	0	8.00
9.00 00900	HOUSEKEEPING	3,674	28,926	1,623,463	0	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	70,861	0	9.01
10.00 01000	DIETARY	16,752	18,562	381,060	0	10.00
11.00 01100	CAFETERIA	0	0	889,157	0	11.00
13.00 01300	NURSING ADMINISTRATION	14,114	330,300	1,953,777	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,784	39,744	389,731	0	14.00
15.00 01500	PHARMACY	1,746	6,302	2,261,923	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,486	10,418	468,626	0	16.00
17.00 01700	SOCIAL SERVICE	2,788	201	2,122,743	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	11,313	190,383	0	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	16,525	17,287	106,528	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	51,271	361,481	21,624,593	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,643	264,836	3,735,441	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,993	91,257	2,082,839	0	35.00
43.00 04300	NURSERY	0	0	1,007,794	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	23,654	1,103,932	5,219,556	0	50.00
51.00 05100	RECOVERY ROOM	8,953	5,134	523,792	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,999	0	116,948	0	52.00
53.00 05300	ANESTHESIOLOGY	1,271	34,250	47,982	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,325	664,075	4,513,417	0	54.00
54.01 05401	RADIOLOGY - I-65	0	169,080	406,569	0	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	12,902	27,365	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	330,113	1,131,544	0	55.01
55.02 03140	CARDIOLOGY	2,803	262,776	933,955	0	55.02
55.03 03450	NEURO-DIAGNOSTICS	1,675	25,023	383,347	0	55.03
60.00 06000	LABORATORY	9,009	3,294	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,758	97,909	1,406,717	0	65.00
66.00 06600	PHYSICAL THERAPY	3,653	576	517,543	0	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	11,722	653,211	0	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	2,859	137,062	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	170,733	0	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	81,178	0	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	12,638	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	159,213	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	158,860	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	4,944	0	68.02
69.00 06900	ELECTROCARDIOLOGY	3,790	25,870	391,362	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	516	0	0	0	74.00
76.00 03020	RADIATION ONCOLOGY	0	123,902	430,135	0	76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	246,562	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	148,738	90.00
90.01 09001	DIABETES CLINIC	120	0	0	0	90.01
90.02 09002	OUTPATIENT CLINICS	0	6,063	0	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	10,451	8,058	986,778	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	12,039	0	90.04
90.05 09005	LACTATION CLINIC	0	0	18,893	0	90.05
91.00 09100	EMERGENCY	17,196	61,957	3,513,482	0	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS)						92.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	507,774	4,312,754	82,181,901	-65,020,179	171,564,226	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	6,878	2,568	1,230,954	0	1,634,850	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	4,456	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	28,926	35,661	0	0	2,224,049	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	0	0	-28,260	0	194.03
194.04 07954 CENTER OF HOPE	0	4,017	314,752	0	498,651	194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	102,004	0	224,225	194.05
194.06 07957 COVID VACCINE CLINIC	0	0	123,144	0	151,360	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	11,973,564	5,808,247	2,982,304		65,275,445	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.975326	1.333696	0.035524		0.370248	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			114,889		3,199,775	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001368		0.018149	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	398,347				6.00	
7.00	00700	OPERATION OF PLANT	88,032	310,315			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	70,158		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	23,661	904,604	8.00	
9.00	00900	HOUSEKEEPING	3,674	3,674	4,892	80,302	300,570	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	16,752	16,752	0	10,887	16,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,114	14,114	0	0	14,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,784	13,784	0	2,627	13,784	14.00
15.00	01500	PHARMACY	1,746	1,746	0	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,486	7,486	0	0	7,486	16.00
17.00	01700	SOCIAL SERVICE	2,788	2,788	0	0	2,788	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	51,271	51,271	0	456,857	51,271	30.00
31.00	03100	INTENSIVE CARE UNIT	10,643	10,643	0	31,097	10,643	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,993	12,993	0	21,467	12,993	35.00
43.00	04300	NURSERY	0	0	0	9,411	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,654	23,654	0	98,894	23,654	50.00
51.00	05100	RECOVERY ROOM	8,953	8,953	0	0	8,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,999	12,999	0	0	12,999	52.00
53.00	05300	ANESTHESIOLOGY	1,271	1,271	0	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,325	28,325	0	22,716	28,325	54.00
54.01	05401	RADIOLOGY - I-65	0	0	16,873	22,333	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	160	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,730	5,730	0	7,921	5,730	55.01
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	0	7,246	1,675	55.03
60.00	06000	LABORATORY	9,009	9,009	0	1,043	9,009	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,758	1,758	0	0	1,758	65.00
66.00	06600	PHYSICAL THERAPY	3,653	3,653	0	26,392	3,653	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	18,441	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	2,268	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	4,023	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	3,790	3,790	0	5,379	3,790	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	516	0	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	4,556	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	545	0	90.00
90.01	09001	DIABETES CLINIC	120	120	0	4,837	120	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	25,433	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	10,451	10,451	0	0	10,451	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	17,196	17,196	0	64,501	17,196	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
118.00		6.00	7.00	7.01	8.00	9.00	
SUBTOTALS (SUM OF LINES 1 through 117)		361,257	273,225	70,158	904,604	263,480	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	6,878	0	6,878	192.00
194.00	07950	FHC	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	28,926	0	28,926	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	1,286	0	1,286	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	0	194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,846,182	19,527,774	1,086,045	2,142,957	4,151,536
203.00		Unit cost multiplier (Wkst. B, Part I)	9.655356	62.928875	15.479988	2.368945	13.812210
204.00		Cost to be allocated (per Wkst. B, Part II)	76,076	2,344,964	17,459	208,224	217,635
205.00		Unit cost multiplier (Wkst. B, Part II)	0.190979	7.556721	0.248853	0.230182	0.724074
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	41,605					9.01
10.00	01000	0	168,501				10.00
11.00	01100	0	0	1,354,928			11.00
13.00	01300	0	0	46,255	657,154		13.00
14.00	01400	0	0	19,350	0	3,052,319	14.00
15.00	01500	0	0	55,021	0	271	15.00
16.00	01600	0	0	13,627	0	0	16.00
17.00	01700	0	0	47,329	10,933	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	5,531	2,082	1,369	23.00
23.01	02301	0	0	486	1,448	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	150,632	380,319	305,621	201,848	30.00
31.00	03100	0	17,869	88,215	78,444	106,893	31.00
35.00	02060	0	0	46,452	40,063	45,206	35.00
43.00	04300	0	0	26,199	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	128,927	94,650	1,742,319	50.00
51.00	05100	0	0	11,781	7,557	4,926	51.00
52.00	05200	0	0	74,410	1,243	4	52.00
53.00	05300	0	0	2,575	1,050	41,060	53.00
54.00	05400	0	0	132,491	23,023	276,936	54.00
54.01	05401	16,873	0	12,228	0	530	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	970	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	23,838	14,500	461,297	55.01
55.02	03140	0	0	22,457	4,568	2,205	55.02
55.03	03450	0	0	6,525	0	354	55.03
60.00	06000	0	0	0	0	8,802	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	41,019	0	23,232	65.00
66.00	06600	0	0	9,893	0	0	66.00
66.01	06601	18,441	0	14,335	0	1,501	66.01
66.02	06602	0	0	3,669	0	280	66.02
67.00	06700	0	0	3,913	0	0	67.00
67.01	06701	2,268	0	1,747	0	624	67.01
67.02	06702	0	0	287	0	0	67.02
68.00	06800	0	0	3,542	0	0	68.00
68.01	06801	4,023	0	3,470	0	0	68.01
68.02	06802	0	0	99	0	0	68.02
69.00	06900	0	0	10,109	3,536	185	69.00
71.00	07100	0	0	81	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	136	74.00
76.00	03020	0	0	9,193	2,517	4,056	76.00
76.01	03040	0	0	5,131	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	994	0	90.01
90.02	09002	0	0	18	0	0	90.02
90.03	09003	0	0	1,663	0	5,167	90.03
90.04	09004	0	0	250	65	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	98,082	62,605	123,062	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,605	168,501	1,351,487	654,899	3,052,263
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	56	192.00
194.00	07950	FHC	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	2,255	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	0	3,441	0	194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	198,546	3,251,302	2,262,296	7,064,161	1,826,321
203.00		Unit cost multiplier (Wkst. B, Part I)	4.772167	19.295446	1.669680	10.749628	0.598339
204.00		Cost to be allocated (per Wkst. B, Part II)	2,727	561,385	31,180	950,379	482,178
205.00		Unit cost multiplier (Wkst. B, Part II)	0.065545	3.331642	0.023012	1.446204	0.157971
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	7,829,029					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	978,584,427				16.00
17.00 01700 SOCIAL SERVICE	0	0	978,584,427			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,001		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,001	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	69,229,622	69,229,622	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	15,584,418	15,584,418	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	12,860,498	12,860,498	0	0	35.00
43.00 04300 NURSERY	0	5,828,241	5,828,241	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	102,404,809	102,404,809	0	0	50.00
51.00 05100 RECOVERY ROOM	0	10,505,205	10,505,205	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,021,570	8,021,570	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	23,039,521	23,039,521	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	186,649,714	186,649,714	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	24,558,673	24,558,673	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	639,617	639,617	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	45,410,246	45,410,246	0	0	55.01
55.02 03140 RADIOLOGY	0	18,044,093	18,044,093	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	7,478,497	7,478,497	0	0	55.03
60.00 06000 LABORATORY	0	152,246,891	152,246,891	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	20,660,149	20,660,149	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,883,862	1,883,862	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	3,262,410	3,262,410	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	862,045	862,045	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,645,169	1,645,169	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	324,441	324,441	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	78,806	78,806	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	1,588,744	1,588,744	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	1,275,245	1,275,245	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	36,930	36,930	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	10,929,804	10,929,804	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,747,984	15,747,984	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,977,785	49,977,785	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,829,029	64,650,904	64,650,904	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	1,214,879	1,214,879	0	0	74.00
76.00 03020 RADIOLOGY ONCOLOGY	0	17,873,533	17,873,533	0	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	961,397	961,397	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	14,994	14,994	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	31,411	31,411	0	0	90.04
90.05 09005 LACTATION CLINIC	0	16,611	16,611	0	0	90.05
91.00 09100 EMERGENCY	0	103,045,709	103,045,709	1,001	1,001	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS						92.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7,829,029	978,584,427	978,584,427	1,001	1,001	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	0	0	0	0	0	194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	0	0	0	194.05
194.06 07957 COVID VACCINE CLINIC	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,780,474	4,562,929	5,008,135	0	167,446	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.738339	0.004663	0.005118	0.000000	167.278721	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	139,314	294,344	165,497	0	2,218	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.017795	0.000301	0.000169	0.000000	2.215784	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
7.01	00701			7.01
8.00	00800			8.00
9.00	00900			9.00
9.01	01851			9.01
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
23.01	02301	1,001	1,001	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	0	0	30.00
31.00	03100	0	0	31.00
35.00	02060	0	0	35.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	05401	0	0	54.01
54.02	05402	0	0	54.02
54.03	05403	0	0	54.03
55.00	05500	0	0	55.00
55.01	05501	0	0	55.01
55.02	03140	0	0	55.02
55.03	03450	0	0	55.03
60.00	06000	0	0	60.00
60.01	06001	0	0	60.01
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
66.01	06601	0	0	66.01
66.02	06602	0	0	66.02
67.00	06700	0	0	67.00
67.01	06701	0	0	67.01
67.02	06702	0	0	67.02
68.00	06800	0	0	68.00
68.01	06801	0	0	68.01
68.02	06802	0	0	68.02
69.00	06900	0	1,001	69.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.00	03020	0	0	76.00
76.01	03040	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03
90.04	09004	0	0	90.04
90.05	09005	0	0	90.05
91.00	09100	1,001	0	91.00
91.01	09101	0	0	91.01
91.02	09102	0	0	91.02
92.00	09200	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,001	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	FHC	0	194.00
194.01	07951	CONVENT	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	194.03
194.04	07954	CENTER OF HOPE	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	194.06
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	462,720	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	462.257742	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,401	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	24.376623	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 5:41 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	57,102,546		57,102,546	0	57,102,546	30.00
31.00	03100	INTENSIVE CARE UNIT	11,623,910		11,623,910	0	11,623,910	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,568,678		6,568,678	9,504	6,578,182	35.00
43.00	04300	NURSERY	1,907,856		1,907,856	0	1,907,856	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	21,403,048		21,403,048	6,406	21,409,454	50.00
51.00	05100	RECOVERY ROOM	2,271,808		2,271,808	0	2,271,808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,881,826		1,881,826	0	1,881,826	52.00
53.00	05300	ANESTHESIOLOGY	828,919		828,919	2,153	831,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,334,885		21,334,885	0	21,334,885	54.00
54.01	05401	RADIOLOGY - I-65	2,020,181		2,020,181	0	2,020,181	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	379		379	0	379	54.02
54.03	05403	LOWELL RADIOLOGY	105,533		105,533	0	105,533	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	6,287,774		6,287,774	0	6,287,774	55.01
55.02	03140	CARDIOLOGY	3,261,369		3,261,369	0	3,261,369	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,172,423		1,172,423	0	1,172,423	55.03
60.00	06000	LABORATORY	18,791,516		18,791,516	3,671	18,795,187	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,912,437	0	3,912,437	0	3,912,437	65.00
66.00	06600	PHYSICAL THERAPY	1,393,667	0	1,393,667	0	1,393,667	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,585,694	0	1,585,694	0	1,585,694	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	292,418	0	292,418	0	292,418	66.02
67.00	06700	OCCUPATIONAL THERAPY	321,455	0	321,455	0	321,455	67.00
67.01	06701	OCCUPATION THERAPY I-65	188,467	0	188,467	0	188,467	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	23,284	0	23,284	0	23,284	67.02
68.00	06800	SPEECH PATHOLOGY	290,460	0	290,460	0	290,460	68.00
68.01	06801	SPEECH PATHOLOGY I-65	368,967	0	368,967	0	368,967	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	8,673	0	8,673	0	8,673	68.02
69.00	06900	ELECTROCARDIOLOGY	1,395,231		1,395,231	0	1,395,231	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,349,927		4,349,927	0	4,349,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,870,917		24,870,917	0	24,870,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,140,535		17,140,535	0	17,140,535	73.00
74.00	07400	RENAL DIALYSIS	685,570		685,570	0	685,570	74.00
76.00	03020	RADIATION ONCOLOGY	2,104,944		2,104,944	0	2,104,944	76.00
76.01	03040	ANGIOCARDIOGRAPHY	460,318		460,318	0	460,318	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETES CLINIC	36,559		36,559	0	36,559	90.01
90.02	09002	OUTPATIENT CLINICS	79,667		79,667	0	79,667	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	3,134,194		3,134,194	0	3,134,194	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	22,067		22,067	0	22,067	90.04
90.05	09005	LACTATION CLINIC	31,553		31,553	0	31,553	90.05
91.00	09100	EMERGENCY	12,406,353		12,406,353	58,274	12,464,627	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0		0	0	0	91.01
91.02	09102	EXPRESS CARE	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,933,464		7,933,464		7,933,464	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	239,599,472	0	239,599,472	80,008	239,679,480	200.00
201.00		Less Observation Beds	7,933,464		7,933,464		7,933,464	201.00
202.00		Total (see instructions)	231,666,008	0	231,666,008	80,008	231,746,016	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 5:41 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	58,812,183		58,812,183				30.00
31.00	03100	INTENSIVE CARE UNIT	15,584,418		15,584,418				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,860,498		12,860,498				35.00
43.00	04300	NURSERY	5,828,241		5,828,241				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	38,062,873	64,341,936	102,404,809	0.209004	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,485,586	7,019,619	10,505,205	0.216255	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,964,166	57,404	8,021,570	0.234596	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,042,025	14,997,496	23,039,521	0.035978	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,614,287	135,035,427	186,649,714	0.114304	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	159,473	24,399,200	24,558,673	0.082259	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	5,734	633,883	639,617	0.164994	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	21,935,114	23,475,132	45,410,246	0.138466	0.000000		55.01
55.02	03140	CARDIOLOGY	6,276,972	11,767,121	18,044,093	0.180744	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	1,799,329	5,679,168	7,478,497	0.156773	0.000000		55.03
60.00	06000	LABORATORY	57,389,359	94,857,532	152,246,891	0.123428	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	17,878,496	2,781,653	20,660,149	0.189371	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,671,358	212,504	1,883,862	0.739793	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	929	3,261,481	3,262,410	0.486050	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	306	861,739	862,045	0.339214	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,448,159	197,010	1,645,169	0.195393	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0	324,441	324,441	0.580898	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	78,806	78,806	0.295460	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	1,459,358	129,386	1,588,744	0.182824	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	1,275,245	1,275,245	0.289330	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	36,930	36,930	0.234850	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	3,039,029	7,890,775	10,929,804	0.127654	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,179,609	4,568,375	15,747,984	0.276221	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,156,057	26,821,728	49,977,785	0.497639	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,000,565	15,650,339	64,650,904	0.265124	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,144,442	70,437	1,214,879	0.564311	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	151,945	17,721,588	17,873,533	0.117769	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	1,146	960,251	961,397	0.478801	0.000000		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	14,994	14,994	2.438242	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	31,411	31,411	0.702525	0.000000		90.04
90.05	09005	LACTATION CLINIC	0	16,611	16,611	1.899524	0.000000		90.05
91.00	09100	EMERGENCY	34,200,553	68,845,156	103,045,709	0.120397	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,271,641	7,145,798	10,417,439	0.761556	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	437,423,851	541,160,576	978,584,427				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	437,423,851	541,160,576	978,584,427				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 5:41 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.209067		50.00
51.00	05100	RECOVERY ROOM	0.216255		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.234596		52.00
53.00	05300	ANESTHESIOLOGY	0.036072		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114304		54.00
54.01	05401	RADIOLOGY - I-65	0.082259		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.164994		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.138466		55.01
55.02	03140	CARDIOLOGY	0.180744		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.156773		55.03
60.00	06000	LABORATORY	0.123452		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.189371		65.00
66.00	06600	PHYSICAL THERAPY	0.739793		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.486050		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.339214		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.195393		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.580898		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.295460		67.02
68.00	06800	SPEECH PATHOLOGY	0.182824		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.289330		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.234850		68.02
69.00	06900	ELECTROCARDIOLOGY	0.127654		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.276221		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.497639		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265124		73.00
74.00	07400	RENAL DIALYSIS	0.564311		74.00
76.00	03020	RADIATION ONCOLOGY	0.117769		76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.478801		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CLINIC	2.438242		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.702525		90.04
90.05	09005	LACTATION CLINIC	1.899524		90.05
91.00	09100	EMERGENCY	0.120962		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102	EXPRESS CARE	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.761556		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 5:41 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		57,102,546	0	57,102,546	30.00	
31.00	03100 INTENSIVE CARE UNIT		11,623,910	0	11,623,910	31.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		6,568,678	9,504	6,578,182	35.00	
43.00	04300 NURSERY		1,907,856	0	1,907,856	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		21,403,048	6,406	21,409,454	50.00	
51.00	05100 RECOVERY ROOM		2,271,808	0	2,271,808	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,881,826	0	1,881,826	52.00	
53.00	05300 ANESTHESIOLOGY		828,919	2,153	831,072	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		21,334,885	0	21,334,885	54.00	
54.01	05401 RADIOLOGY - I-65		2,020,181	0	2,020,181	54.01	
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		379	0	379	54.02	
54.03	05403 LOWELL RADIOLOGY		105,533	0	105,533	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
55.01	05501 CARDIAC CATHETERIZATION LAB		6,287,774	0	6,287,774	55.01	
55.02	03140 RADIOLOGY		3,261,369	0	3,261,369	55.02	
55.03	03450 NEURO-DIAGNOSTICS		1,172,423	0	1,172,423	55.03	
60.00	06000 LABORATORY		18,791,516	3,671	18,795,187	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	3,912,437	0	3,912,437	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,393,667	0	1,393,667	66.00	
66.01	06601 PHYSICAL THERAPY I-65	0	1,585,694	0	1,585,694	66.01	
66.02	06602 PHYSICAL THERAPY ST JOHN	0	292,418	0	292,418	66.02	
67.00	06700 OCCUPATIONAL THERAPY	0	321,455	0	321,455	67.00	
67.01	06701 OCCUPATION THERAPY I-65	0	188,467	0	188,467	67.01	
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	23,284	0	23,284	67.02	
68.00	06800 SPEECH PATHOLOGY	0	290,460	0	290,460	68.00	
68.01	06801 SPEECH PATHOLOGY I-65	0	368,967	0	368,967	68.01	
68.02	06802 SPEECH THERAPY ST. JOHN	0	8,673	0	8,673	68.02	
69.00	06900 ELECTROCARDIOLOGY		1,395,231	0	1,395,231	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,349,927	0	4,349,927	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		24,870,917	0	24,870,917	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		17,140,535	0	17,140,535	73.00	
74.00	07400 RENAL DIALYSIS		685,570	0	685,570	74.00	
76.00	03020 RADIOLOGY ONCOLOGY		2,104,944	0	2,104,944	76.00	
76.01	03040 ANGIOCARDIOGRAPHY		460,318	0	460,318	76.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 DIABETES CLINIC		36,559	0	36,559	90.01	
90.02	09002 OUTPATIENT CLINICS		79,667	0	79,667	90.02	
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		3,134,194	0	3,134,194	90.03	
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		22,067	0	22,067	90.04	
90.05	09005 LACTATION CLINIC		31,553	0	31,553	90.05	
91.00	09100 EMERGENCY		12,406,353	58,274	12,464,627	91.00	
91.01	09101 EMERGENCY ROOM PHYSICIANS		0	0	0	91.01	
91.02	09102 EXPRESS CARE		0	0	0	91.02	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		7,933,464	0	7,933,464	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		239,599,472	80,008	239,679,480	200.00	
201.00	Less Observation Beds		7,933,464	0	7,933,464	201.00	
202.00	Total (see instructions)		231,666,008	80,008	231,746,016	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 5:41 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	58,812,183		58,812,183				30.00
31.00	03100	INTENSIVE CARE UNIT	15,584,418		15,584,418				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,860,498		12,860,498				35.00
43.00	04300	NURSERY	5,828,241		5,828,241				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	38,062,873	64,341,936	102,404,809	0.209004	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,485,586	7,019,619	10,505,205	0.216255	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,964,166	57,404	8,021,570	0.234596	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,042,025	14,997,496	23,039,521	0.035978	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,614,287	135,035,427	186,649,714	0.114304	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	159,473	24,399,200	24,558,673	0.082259	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	5,734	633,883	639,617	0.164994	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	21,935,114	23,475,132	45,410,246	0.138466	0.000000		55.01
55.02	03140	CARDIOLOGY	6,276,972	11,767,121	18,044,093	0.180744	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	1,799,329	5,679,168	7,478,497	0.156773	0.000000		55.03
60.00	06000	LABORATORY	57,389,359	94,857,532	152,246,891	0.123428	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	17,878,496	2,781,653	20,660,149	0.189371	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,671,358	212,504	1,883,862	0.739793	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	929	3,261,481	3,262,410	0.486050	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	306	861,739	862,045	0.339214	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,448,159	197,010	1,645,169	0.195393	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0	324,441	324,441	0.580898	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	78,806	78,806	0.295460	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	1,459,358	129,386	1,588,744	0.182824	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	1,275,245	1,275,245	0.289330	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	36,930	36,930	0.234850	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	3,039,029	7,890,775	10,929,804	0.127654	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,179,609	4,568,375	15,747,984	0.276221	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,156,057	26,821,728	49,977,785	0.497639	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,000,565	15,650,339	64,650,904	0.265124	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,144,442	70,437	1,214,879	0.564311	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	151,945	17,721,588	17,873,533	0.117769	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	1,146	960,251	961,397	0.478801	0.000000		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	14,994	14,994	2.438242	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	31,411	31,411	0.702525	0.000000		90.04
90.05	09005	LACTATION CLINIC	0	16,611	16,611	1.899524	0.000000		90.05
91.00	09100	EMERGENCY	34,200,553	68,845,156	103,045,709	0.120397	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,271,641	7,145,798	10,417,439	0.761556	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	437,423,851	541,160,576	978,584,427				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	437,423,851	541,160,576	978,584,427				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIOLOGY - I-65	0.000000			54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000			54.02
54.03	05403	LOWELL RADIOLOGY	0.000000			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.000000			55.01
55.02	03140	CARDIOLOGY	0.000000			55.02
55.03	03450	NEURO-DIAGNOSTICS	0.000000			55.03
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY I-65	0.000000			66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
67.01	06701	OCCUPATION THERAPY I-65	0.000000			67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.000000			67.02
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.000000			68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000			68.02
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	RADIATION ONCOLOGY	0.000000			76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.000000			76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CLINIC	0.000000			90.01
90.02	09002	OUTPATIENT CLINICS	0.000000			90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000			90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000			90.04
90.05	09005	LACTATION CLINIC	0.000000			90.05
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000			91.01
91.02	09102	EXPRESS CARE	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,777,370	0	3,777,370	34,333	110.02	30.00
31.00	INTENSIVE CARE UNIT	1,008,999		1,008,999	4,612	218.78	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	659,995		659,995	2,920	226.03	35.00
43.00	NURSERY	30,527		30,527	2,184	13.98	43.00
200.00	Total (lines 30 through 199)	5,476,891		5,476,891	44,049		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,231	1,455,675				
31.00	INTENSIVE CARE UNIT	1,807	395,335				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,038	1,851,010				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,895,541	102,404,809	0.028275	17,225,714	487,057	50.00
51.00	05100	RECOVERY ROOM	314,181	10,505,205	0.029907	1,871,125	55,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	410,411	8,021,570	0.051163	14,612	748	52.00
53.00	05300	ANESTHESIOLOGY	109,345	23,039,521	0.004746	2,870,224	13,622	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,144,097	186,649,714	0.011487	21,704,785	249,323	54.00
54.01	05401	RADIOLOGY - I-65	266,484	24,558,673	0.010851	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	37	0	0.000000	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	18,860	639,617	0.029486	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	798,182	45,410,246	0.017577	6,503,708	114,316	55.01
55.02	03140	CARDIOLOGY	489,522	18,044,093	0.027129	3,083,703	83,658	55.02
55.03	03450	NEURO-DIAGNOSTICS	102,555	7,478,497	0.013713	615,598	8,442	55.03
60.00	06000	LABORATORY	570,636	152,246,891	0.003748	25,526,074	95,672	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	246,398	20,660,149	0.011926	6,808,800	81,202	65.00
66.00	06600	PHYSICAL THERAPY	132,876	1,883,862	0.070534	732,275	51,650	66.00
66.01	06601	PHYSICAL THERAPY I-65	39,729	3,262,410	0.012178	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	8,212	862,045	0.009526	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,055	1,645,169	0.003073	738,616	2,270	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	2,918	324,441	0.008994	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	353	78,806	0.004479	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	4,609	1,588,744	0.002901	575,463	1,669	68.00
68.01	06801	SPEECH PATHOLOGY I-65	5,728	1,275,245	0.004492	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	134	36,930	0.003628	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	174,013	10,929,804	0.015921	1,531,242	24,379	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,976	15,747,984	0.003999	8,275,520	33,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,431	49,977,785	0.006932	7,455,594	51,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	311,789	64,650,904	0.004823	15,935,870	76,859	73.00
74.00	07400	RENAL DIALYSIS	24,634	1,214,879	0.020277	573,246	11,624	74.00
76.00	03020	RADIATION ONCOLOGY	204,607	17,873,533	0.011447	90,509	1,036	76.00
76.01	03040	ANGIOCARDIOGRAPHY	6,765	961,397	0.007037	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CLINIC	6,265	14,994	0.417834	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	14,197	0	0.000000	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	360,628	0	0.000000	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	403	31,411	0.012830	0	0	90.04
90.05	09005	LACTATION CLINIC	450	16,611	0.027090	0	0	90.05
91.00	09100	EMERGENCY	897,607	103,045,709	0.008711	15,815,257	137,767	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	524,807	10,417,439	0.050378	1,444,042	72,748	92.00
200.00		Total (lines 50 through 199)	11,501,435	885,499,087		139,391,977	1,654,778	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	34,333	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,612	0.00	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,920	0.00	35.00	
43.00	04300	NURSERY	0	0	2,184	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	44,049	15,038	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program					
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	0	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	462,720	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	462,720	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	102,404,809	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,505,205	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	8,021,570	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	23,039,521	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	186,649,714	0.000000	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	24,558,673	0.000000	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0.000000	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	639,617	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	45,410,246	0.000000	55.01
55.02 03140 RADIOLOGY	0	0	0	18,044,093	0.000000	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	7,478,497	0.000000	55.03
60.00 06000 LABORATORY	0	0	0	152,246,891	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	20,660,149	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,883,862	0.000000	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	3,262,410	0.000000	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	862,045	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,645,169	0.000000	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	324,441	0.000000	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	78,806	0.000000	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,588,744	0.000000	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	1,275,245	0.000000	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	36,930	0.000000	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,929,804	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,747,984	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	49,977,785	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	64,650,904	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,214,879	0.000000	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	17,873,533	0.000000	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	961,397	0.000000	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 DIABETES CLINIC	0	0	0	14,994	0.000000	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0.000000	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0.000000	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	31,411	0.000000	90.04
90.05 09005 LACTATION CLINIC	0	0	0	16,611	0.000000	90.05
91.00 09100 EMERGENCY	0	462,720	462,720	103,045,709	0.004490	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0.000000	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0.000000	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,417,439	0.000000	92.00
200.00 Total (lines 50 through 199)	0	462,720	462,720	885,499,087		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	17,225,714	0	16,949,339	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,871,125	0	3,236,328	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	14,612	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,870,224	0	2,968,072	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	21,704,785	0	45,778,685	0	54.00
54.01	05401 RADIOLOGY - I-65	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.000000	6,503,708	0	6,396,435	0	55.01
55.02	03140 RADIOLOGY	0.000000	3,083,703	0	4,110,032	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.000000	615,598	0	1,004,220	0	55.03
60.00	06000 LABORATORY	0.000000	25,526,074	0	1,885,665	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	6,808,800	0	1,004,801	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	732,275	0	15,155	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.000000	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	738,616	0	4,831	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.000000	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	575,463	0	17,156	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.000000	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,531,242	0	2,953,759	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,275,520	0	3,976,632	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,455,594	0	6,005,336	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,935,870	0	4,070,852	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	573,246	0	28,488	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.000000	90,509	0	0	0	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.000000	0	0	648,204	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	273	0	90.01
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04
90.05	09005 LACTATION CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.004490	15,815,257	71,011	14,290,157	64,163	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,444,042	0	1,398,935	0	92.00
200.00	Total (lines 50 through 199)		139,391,977	71,011	116,743,355	64,163	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.209004	16,949,339	0	0	3,542,480
51.00 05100 RECOVERY ROOM	0.216255	3,236,328	0	0	699,872
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.234596	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.035978	2,968,072	0	0	106,785
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.114304	45,778,685	0	0	5,232,687
54.01 05401 RADIOLOGY - I-65	0.082259	0	0	0	0
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0
54.03 05403 LOWELL RADIOLOGY	0.164994	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 CARDIAC CATHETERIZATION LAB	0.138466	6,396,435	0	0	885,689
55.02 03140 RADIOLOGY	0.180744	4,110,032	0	0	742,864
55.03 03450 NEURO-DIAGNOSTICS	0.156773	1,004,220	0	0	157,435
60.00 06000 LABORATORY	0.123428	1,885,665	0	0	232,744
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.189371	1,004,801	0	0	190,280
66.00 06600 PHYSICAL THERAPY	0.739793	15,155	0	0	11,212
66.01 06601 PHYSICAL THERAPY I-65	0.486050	0	0	0	0
66.02 06602 PHYSICAL THERAPY ST JOHN	0.339214	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.195393	4,831	0	0	944
67.01 06701 OCCUPATIONAL THERAPY I-65	0.580898	0	0	0	0
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0.295460	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.182824	17,156	0	0	3,137
68.01 06801 SPEECH PATHOLOGY I-65	0.289330	0	0	0	0
68.02 06802 SPEECH THERAPY ST. JOHN	0.234850	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.127654	2,953,759	0	0	377,059
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.276221	3,976,632	0	0	1,098,429
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.497639	6,005,336	0	0	2,988,489
73.00 07300 DRUGS CHARGED TO PATIENTS	0.265124	4,070,852	0	7,750	1,079,281
74.00 07400 RENAL DIALYSIS	0.564311	28,488	0	0	16,076
76.00 03020 RADIATION ONCOLOGY	0.117769	0	0	0	0
76.01 03040 ANGIOCARDIOGRAPHY	0.478801	648,204	0	0	310,361
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CLINIC	2.438242	273	0	0	666
90.02 09002 OUTPATIENT CLINICS	0.000000	0	0	0	0
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.702525	0	0	0	0
90.05 09005 LACTATION CLINIC	1.899524	0	0	0	0
91.00 09100 EMERGENCY	0.120397	14,290,157	0	0	1,720,492
91.01 09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0
91.02 09102 EXPRESS CARE	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.761556	1,398,935	0	0	1,065,367
200.00 Subtotal (see instructions)		116,743,355	0	7,750	20,462,349
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		116,743,355	0	7,750	20,462,349

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,055		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
90.05 09005 LACTATION CLINIC	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	2,055		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	2,055		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 5:41 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.209004	7,775,449	0	0	1,625,100	50.00
51.00	05100	RECOVERY ROOM	0.216255	1,438,879	0	0	311,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.234596	13,890	0	0	3,259	52.00
53.00	05300	ANESTHESIOLOGY	0.035978	1,428,203	0	0	51,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114304	17,289,319	0	0	1,976,238	54.00
54.01	05401	RADIOLOGY - I-65	0.082259	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.164994	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.138466	0	0	0	0	55.01
55.02	03140	CARDIOLOGY	0.180744	2,021,229	0	0	365,325	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.156773	336,882	0	0	52,814	55.03
60.00	06000	LABORATORY	0.123428	12,390,545	0	0	1,529,340	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.189371	237,471	0	0	44,970	65.00
66.00	06600	PHYSICAL THERAPY	0.739793	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.486050	463,594	0	0	225,330	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.339214	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.195393	44,366	0	0	8,669	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.580898	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.295460	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.182824	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.289330	326,248	0	0	94,393	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.234850	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.127654	656,303	0	0	83,780	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.276221	591,743	0	0	163,452	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.497639	3,608,169	0	0	1,795,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265124	1,324,555	0	0	351,171	73.00
74.00	07400	RENAL DIALYSIS	0.564311	1,166	0	0	658	74.00
76.00	03020	RADIATION ONCOLOGY	0.117769	1,278,446	0	0	150,561	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.478801	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	2.438242	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.702525	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	1.899524	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.120397	14,509,320	0	0	1,746,879	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.761556	1,052,706	0	0	801,695	92.00
200.00		Subtotal (see instructions)		66,788,483	0	0	11,381,749	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		66,788,483	0	0	11,381,749	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 5:41 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
90.05 09005 LACTATION CLINIC	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2022 5:41 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,333	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,333	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		29,563	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,231	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		57,102,546	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		57,102,546	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		57,102,546	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,663.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,005,799	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		22,005,799	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	11,623,910	4,612	2,520.36	1,807	4,554,291		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,578,182	2,920	2,252.80	0	0		47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,143,610		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,703,700		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,851,010		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,725,789		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,576,799		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,126,901		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					4,770		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,663.20		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,933,464		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,777,370	57,102,546	0.066151	7,933,464	524,807	90.00
91.00	Nursing Program cost	0	57,102,546	0.000000	7,933,464	0	91.00
92.00	Allied health cost	0	57,102,546	0.000000	7,933,464	0	92.00
93.00	All other Medical Education	0	57,102,546	0.000000	7,933,464	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		20,074,088	30.00
31.00	03100	INTENSIVE CARE UNIT		6,156,480	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.209067	17,225,714	50.00
51.00	05100	RECOVERY ROOM	0.216255	1,871,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.234596	14,612	52.00
53.00	05300	ANESTHESIOLOGY	0.036072	2,870,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114304	21,704,785	54.00
54.01	05401	RADIOLOGY - I-65	0.082259	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.164994	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.138466	6,503,708	55.01
55.02	03140	CARDIOLOGY	0.180744	3,083,703	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.156773	615,598	55.03
60.00	06000	LABORATORY	0.123452	25,526,074	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.189371	6,808,800	65.00
66.00	06600	PHYSICAL THERAPY	0.739793	732,275	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.486050	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.339214	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.195393	738,616	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.580898	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.295460	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.182824	575,463	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.289330	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.234850	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.127654	1,531,242	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.276221	8,275,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.497639	7,455,594	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265124	15,935,870	73.00
74.00	07400	RENAL DIALYSIS	0.564311	573,246	74.00
76.00	03020	RADIATION ONCOLOGY	0.117769	90,509	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.478801	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	2.438242	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.702525	0	90.04
90.05	09005	LACTATION CLINIC	1.899524	0	90.05
91.00	09100	EMERGENCY	0.120962	15,815,257	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.761556	1,444,042	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		139,391,977	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		139,391,977	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 5:41 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		3,382,871	30.00
31.00	03100	INTENSIVE CARE UNIT		2,246,179	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		5,741,241	35.00
43.00	04300	NURSERY		903,785	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.209004	3,725,010	50.00
51.00	05100	RECOVERY ROOM	0.216255	689,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.234596	1,380,169	52.00
53.00	05300	ANESTHESIOLOGY	0.035978	682,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114304	3,374,278	54.00
54.01	05401	RADIOLOGY - I-65	0.082259	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.164994	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.138466	0	55.01
55.02	03140	CARDIOLOGY	0.180744	932,815	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.156773	89,695	55.03
60.00	06000	LABORATORY	0.123428	5,669,987	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.189371	1,241,810	65.00
66.00	06600	PHYSICAL THERAPY	0.739793	203,038	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.486050	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.339214	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.195393	118,517	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.580898	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.295460	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.182824	422,305	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.289330	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.234850	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.127654	181,378	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.276221	2,266,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.497639	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265124	4,037,790	73.00
74.00	07400	RENAL DIALYSIS	0.564311	52,811	74.00
76.00	03020	RADIATION ONCOLOGY	0.117769	2,923	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.478801	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	2.438242	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.702525	0	90.04
90.05	09005	LACTATION CLINIC	1.899524	0	90.05
91.00	09100	EMERGENCY	0.120397	2,799,380	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.761556	267,062	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,137,255	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		28,137,255	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			25,521,353 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			8,903,623 1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			1,545,827 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			407,566 2.04
3.00	Managed Care Simulated Payments			16,736,798 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			178.93 4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			2.08 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.43 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			1.65 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.98 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.98 12.00
13.00	Total allowable FTE count for the prior year.			0.96 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			1.98 14.00
15.00	Sum of lines 12 through 14 divided by 3.			1.31 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			1.31 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.007321 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.004458 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.004458 21.00
22.00	IME payment adjustment (see instructions)			83,790 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			40,737 22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-0.67 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment (sum of lines 22 and 28)			83,790 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			40,737 29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.62 30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.74 31.00
32.00	Sum of lines 30 and 31			18.36 32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.68 33.00
34.00	Disproportionate share adjustment (see instructions)			402,773 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 5:41 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)		0.000385265	0.000351941	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,193,852	2,531,163	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,388,826	637,992	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,026,818		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,891,750		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				<b>1.00</b>	
49.00	Total payment for inpatient operating costs (see instructions)			39,932,487	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,824,556	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			46,585	52.00
53.00	Nursing and Allied Health Managed Care payment			79,525	53.00
54.00	Special add-on payments for new technologies			487,301	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			71,011	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,441,465	59.00
60.00	Primary payer payments			7,497	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,433,968	61.00
62.00	Deductibles billed to program beneficiaries			3,103,772	62.00
63.00	Coinurance billed to program beneficiaries			119,967	63.00
64.00	Allowable bad debts (see instructions)			221,457	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			143,947	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,841	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,354,176	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-89,812	70.93
70.94	HRR adjustment amount (see instructions)			-239,377	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 5:41 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			40,024,987	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			39,754,117	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
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 73)			270,870	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			654,593	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,055	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,398,186	2.00
3.00	OPPS payments		15,971,015	3.00
4.00	Outlier payment (see instructions)		48,082	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		64,163	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,055	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		7,750	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		7,750	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		7,750	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,695	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		2,055	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		16,083,260	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		136,373	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,692,976	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		13,255,966	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		17,753	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)		13,273,719	30.00
31.00	Primary payer payments		1,514	31.00
32.00	Subtotal (line 30 minus line 31)		13,272,205	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		179,263	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		116,521	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		111,362	36.00
37.00	Subtotal (see instructions)		13,388,726	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-58	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	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,388,784	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		13,498,876	41.00
41.01	Interim payments-PARHM			41.01
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)		-110,092	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, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2022 5:41 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		39,754,117		13,498,876	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,754,117		13,498,876	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		270,870		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		110,092	6.02	
7.00	Total Medicare program liability (see instructions)		40,024,987		13,388,784	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
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 reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 5:41 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.44	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.39	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.98	6.00
7.00	Enter the lesser of line 5 or line 6			0.95	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.98	0.98	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.95	0.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.27		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	1.27		17.00
18.00	Per resident amount	87,695.69	92,004.57		18.00
19.00	Approved amount for resident costs	0	116,846	116,846	19.00

		Total			
		1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.03	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			116,846	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,038	8,318		26.00
27.00	Total Inpatient Days (see instructions)	40,283	40,283		27.00
28.00	Ratio of inpatient days to total inpatient days	0.373309	0.206489		28.00
29.00	Program direct GME amount	43,620	24,127	67,747	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,409	3,409	30.00
31.00	Net Program direct GME amount			64,338	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,214,879	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		53,703,700	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		7,497	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		53,696,203	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		20,464,404	42.00
43.00	Primary payer payments (see instructions)		1,514	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,462,890	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		74,159,093	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.724068	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.275932	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		64,338	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		46,585	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		17,753	50.00

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

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G

Date/Time Prepared:  
5/30/2022 5:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	28,065,709	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	48,105,280	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,853,367	0	0	0	6.00
7.00	Inventory	5,764,721	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	-1,126,548	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	72,955,795	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	13,914,478	0	0	0	12.00
13.00	Land improvements	15,969,806	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	149,965,160	0	0	0	15.00
16.00	Accumulated depreciation	-214,481,630	0	0	0	16.00
17.00	Leasehold improvements	796,915	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	244,134,522	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	210,299,251	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	6,584,720	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,096,889	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,681,609	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	301,936,655	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	23,989,978	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	8,240,670	0	0	0	39.00
40.00	Notes and loans payable (short term)	992,804	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	16,670,848	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,894,300	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-8,200,339	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-8,200,339	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	41,693,961	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	260,242,694				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	260,242,694	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	301,936,655	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-1

Date/Time Prepared:  
5/30/2022 5:41 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		0		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		49,082,190			2.00
3.00	Total (sum of line 1 and line 2)		49,082,190		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		49,082,190		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		49,082,190		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2022 5:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	64,640,424		64,640,424	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,640,424		64,640,424	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	115,584,418		115,584,418	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,860,498		12,860,498	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	128,444,916		128,444,916	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	193,085,340		193,085,340	17.00
18.00	Ancillary services	193,915,158	517,482,064	711,397,222	18.00
19.00	Outpatient services	37,472,194	76,053,970	113,526,164	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	424,472,692	593,536,034	1,018,008,726	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		260,490,397		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		260,490,397		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0126

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-3

Date/Time Prepared:  
5/30/2022 5:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,018,008,726	1.00
2.00	Less contractual allowances and discounts on patients' accounts	722,467,061	2.00
3.00	Net patient revenues (line 1 minus line 2)	295,541,665	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	260,490,397	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,051,268	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,354,544	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION AND PREMIUM REVENUE	1,114,494	24.00
24.01	OTHER OPERATING REVENUE	8,896,535	24.01
24.02	OTHER NON-OPERATING REVENUE	1,665,687	24.02
24.50	COVID-19 PHE Funding	-338	24.50
25.00	Total other income (sum of lines 6-24)	14,030,922	25.00
26.00	Total (line 5 plus line 25)	49,082,190	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	49,082,190	29.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 5:41 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,629,513	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		86,707	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.36	3.00
4.00	Number of interns & residents (see instructions)		1.31	4.00
5.00	Indirect medical education percentage (see instructions)		0.33	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		8,677	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.74	8.00
9.00	Sum of lines 7 and 8		18.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.79	10.00
11.00	Disproportionate share adjustment (see instructions)		99,659	11.00
12.00	Total prospective capital payments (see instructions)		2,824,556	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00