

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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/30/2024 10:06 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2024 Time: 10:06 am

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 01/01/2023 and ending 12/31/2023 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	Justin Kats	Y	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	Justin Kats		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	147,391	101,829	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	87,373	12	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	234,764	101,841	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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 10:06 am
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1201 SOUTH MAIN STREET			PO Box:						1.00	
2.00	City: CROWN POINT			State: IN		Zip Code: 46307		County:		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		V			XVIII			XIX			
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		FRANCISCAN HEALTH CROWN POINT	15T126	23844	5	01/01/2023	N	P	T	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)						01/01/2023	12/31/2023		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		

Inpatient PPS Information										
		1.00	2.00	3.00						
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 UCPs, including supplemental UCPs, 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)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires a final UCP 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.									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	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 10:06 am		
		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.	86	5	99	246	7,594	228	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	318		25.00	
						Urban/Rural Status	Date of Geographic Reclassification		
						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	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. 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	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, 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. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					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

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			V	XVIII	XIX
			1.00	2.00	3.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N		

		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	Y		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/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>					
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
62.01	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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2024 10:06 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident 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	1.50	0.000000	66.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

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)			0.00	0.00	0.000000	67.00
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 10:06 am			
			1.00				
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			68.00			
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
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
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y	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				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	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		
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N	0	88.00	
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge		
			1.00	2.00	3.00		
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0	89.00	
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	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	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 10:06 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 10:06 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	723,439	99,834	346,462	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
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	N	123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified 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 program, 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 program, 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 program, 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 program, 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 program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, 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 program, 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 a hospital-based 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:			142.00
143.00	City: MADISON	State:		Zip Code: 53713-1834	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 10:06 am	
							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	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital						N	155.00
156.00	Subprovider - IPF						N	156.00
157.00	Subprovider - IRF						N	157.00
158.00	SUBPROVIDER						N	158.00
159.00	SNF						N	159.00
160.00	HOME HEALTH AGENCY						N	160.00
161.00	CMHC						N	161.00
							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	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							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
		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. I, 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 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 10:06 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
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	V/I	
				1.00	2.00	3.00	
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	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/17/2024			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 the legal operator of the program?	Y	A	04/17/2024	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			
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 coinsurance amounts 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)	N			N		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)	Y	04/09/2024		Y	04/09/2024	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 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 10:06 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JAMES		HALL	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.	(614) 565-2739		JAMES.HALL@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2024 10:06 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	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 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
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	132	48,180	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)		132	48,180	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	20	7,300	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)		172	62,780	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,475		0	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)		187				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)		19	6,935			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
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
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)	12,312	239	31,417		1.00
2.00	HMO and other (see instructions)	8,285	7,594			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	964	318			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,312	239	31,417		7.00
8.00	INTENSIVE CARE UNIT	1,449	25	3,846		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	150	3,735		12.00
13.00	NURSERY		22	2,352		13.00
14.00	Total (see instructions)	13,761	436	41,350	1.50	946.73
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,988	0	3,989	0.00	22.62
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)			59		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
27.00	Total (sum of lines 14-26)				1.50	969.35
28.00	Observation Bed Days		593	4,417		28.00
29.00	Ambulance Trips	83				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	228	572		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
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
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	3,032	1,866	8,586	1.00
2.00	HMO and other (see instructions)			1,534	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	3,032	1,866	8,586	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	160	23	309	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
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 10:06 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	82,272,222	0	82,272,222	1,969,200.00	41.78
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		9,866,125	0	9,866,125	41,875.00	235.61
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	1	1	1.00	1.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
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)		4,236,608	947,089	5,183,697	155,795.00	33.27
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		7,194,371	0	7,194,371	66,342.00	108.44
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		213,188	0	213,188	1,607.00	132.66
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		21,580,351	0	21,580,351	574,271.00	37.58
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,809,273	0	17,809,273		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,473,744	0	1,473,744		
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		1,472,224	0	1,472,224		
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)		7,006,844	0	7,006,844		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 10:06 am

	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		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,023,700	-861,711	1,161,989	25,229.00	46.06	26.00
27.00	Administrative & General	5.00	3,833,202	-2	3,833,200	114,489.00	33.48	27.00
28.00	Administrative & General under contract (see inst.)		1,366,924	0	1,366,924	9,534.00	143.37	28.00
29.00	Maintenance & Repairs	6.00	596,831	0	596,831	12,710.00	46.96	29.00
30.00	Operation of Plant	7.00	2,670,449	0	2,670,449	82,861.00	32.23	30.00
31.00	Laundry & Linen Service	8.00	73,464	0	73,464	4,391.00	16.73	31.00
32.00	Housekeeping	9.00	1,893,025	0	1,893,025	103,020.00	18.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,382,053	-819,295	562,758	27,906.00	20.17	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	819,295	819,295	40,628.00	20.17	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,796,897	0	2,796,897	65,895.00	42.44	38.00
39.00	Central Services and Supply	14.00	396,277	0	396,277	15,783.00	25.11	39.00
40.00	Pharmacy	15.00	2,633,512	0	2,633,512	54,301.00	48.50	40.00
41.00	Medical Records & Medical Records Library	16.00	599,273	0	599,273	14,512.00	41.29	41.00
42.00	Social Service	17.00	1,837,210	0	1,837,210	42,792.00	42.93	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2024 10:06 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	73,773,021	-1	73,773,020	1,936,858.00	38.09	1.00
2.00	Excluded area salaries (see instructions)	4,236,608	947,089	5,183,697	155,795.00	33.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,536,413	-947,090	68,589,323	1,781,063.00	38.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,987,910	0	28,987,910	642,220.00	45.14	4.00
5.00	Subtotal wage-related costs (see inst.)	24,816,117	0	24,816,117	0.00	36.18	5.00
6.00	Total (sum of lines 3 thru 5)	123,340,440	-947,090	122,393,350	2,423,283.00	50.51	6.00
7.00	Total overhead cost (see instructions)	22,102,817	-861,713	21,241,104	614,051.00	34.59	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2024 10:06 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,319,147	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)	3,010,386	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,092,137	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	328,999	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	28,744	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)	298,844	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,557,412	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,119,570	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,755,241	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/30/2024 10:06 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		8,205,671	20,755,241
2.00	Hospital		8,205,671	20,755,241
3.00	SUBPROVIDER - IPF			
4.00	SUBPROVIDER - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	SKILLED NURSING FACILITY			
9.00	NURSING FACILITY			
10.00	OTHER LONG TERM CARE I			
11.00	Hospital-Based HHA			
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	RENAL DIALYSIS I		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 10:06 am
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				1.00		
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA						
Uncompensated and Indigent Care Cost-to-Charge Ratio						
1.00	Cost to charge ratio (see instructions)			0.204762	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			34,560,573	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			161,397,146	6.00	
7.00	Medicaid cost (line 1 times line 6)			33,048,002	7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			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 (see instructions)			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 (see instructions)			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 cost (see instructions for each line)						
20.00	Charity care charges and uninsured discounts (see instructions)	12,494,240	4,374,242	16,868,482	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,558,346	4,374,242	6,932,588	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 (see instructions)	2,558,346	4,374,242	6,932,588	23.00	
				1.00		
24.00	Does the amount on line 20 col. 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	
25.01	Charges for insured patients' liability (see instructions)			0	25.01	
26.00	Bad debt amount (see instructions)			6,575,907	26.00	
27.00	Medicare reimbursable bad debts (see instructions)			223,567	27.00	
27.01	Medicare allowable bad debts (see instructions)			343,949	27.01	
28.00	Non-Medicare bad debt amount (see instructions)			6,231,958	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			1,396,450	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			8,329,038	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,329,038	31.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 10:06 am
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				1.00		
PART II - HOSPITAL DATA						
Uncompensated and Indigent Care Cost-to-Charge Ratio						
1.00	Cost to charge ratio (see instructions)			0.200337	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid				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				5.00	
6.00	Medicaid charges				6.00	
7.00	Medicaid cost (line 1 times line 6)				7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)				8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP				9.00	
10.00	Stand-alone CHIP charges				10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)				11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)				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)				13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				14.00	
15.00	State or local indigent care program cost (line 1 times line 14)				15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)				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				17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations				18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)						
20.00	Charity care charges and uninsured discounts (see instructions)	12,483,465	4,350,104	16,833,569	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,500,900	4,350,104	6,851,004	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 (see instructions)	2,500,900	4,350,104	6,851,004	23.00	
				1.00		
24.00	Does the amount on line 20 col. 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	
25.01	Charges for insured patients' liability (see instructions)			0	25.01	
26.00	Bad debt amount (see instructions)			6,501,496	26.00	
27.00	Medicare reimbursable bad debts (see instructions)			223,567	27.00	
27.01	Medicare allowable bad debts (see instructions)			343,949	27.01	
28.00	Non-Medicare bad debt amount (see instructions)			6,157,547	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			1,353,966	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			8,204,970	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,204,970	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet A	
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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	14,186,058	14,186,058	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	8,242,390	8,242,390	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,023,700	20,342,203	22,365,903	-1,295,424	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,833,202	93,551,952	97,385,154	-21,008,850	5.00
6.00	00600	MAINTENANCE & REPAIRS	596,831	2,383,389	2,980,220	-11,195	6.00
7.00	00700	OPERATION OF PLANT	2,670,449	10,633,556	13,304,005	-4,354,671	7.00
7.01	00701	OPERATION OF PLANT - FP	0	1,023,394	1,023,394	-67,019	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	73,464	1,325,766	1,399,230	-65,298	8.00
9.00	00900	HOUSEKEEPING	1,789,564	624,032	2,413,596	-27,703	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	103,461	13,051	116,512	0	9.01
10.00	01000	DIETARY	1,382,053	1,378,602	2,760,655	-1,666,809	10.00
11.00	01100	CAFETERIA	0	0	0	1,592,483	11.00
13.00	01300	NURSING ADMINISTRATION	2,796,897	775,377	3,572,274	-519,986	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	396,277	772,541	1,168,818	-229,482	14.00
15.00	01500	PHARMACY	2,633,512	6,329,927	8,963,439	-6,244,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	599,273	223,135	822,408	-2,197	16.00
17.00	01700	SOCIAL SERVICE	1,837,210	534,796	2,372,006	-201	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	367,561	284,326	651,887	-28,105	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	64,175	15,125	79,300	74,831	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,768,892	5,563,450	31,332,342	-5,669,725	30.00
31.00	03100	INTENSIVE CARE UNIT	3,570,362	1,620,308	5,190,670	-915,704	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,826,694	2,665,959	5,492,653	-1,294,525	35.00
41.00	04100	SUBPROVIDER - I RF	1,887,738	306,548	2,194,286	-259,947	41.00
43.00	04300	NURSERY	0	0	0	1,784,645	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,987,412	30,426,578	36,413,990	-19,737,076	50.00
51.00	05100	RECOVERY ROOM	198	84,340	84,538	-80,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,853	16,078	58,931	2,054,068	52.00
53.00	05300	ANESTHESIOLOGY	55,448	4,002,486	4,057,934	-314,844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,876,375	5,108,606	9,984,981	-1,964,201	54.00
54.01	05401	RADIOLOGY - I -65	427,147	309,938	737,085	-188,584	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	2,044	20,629	22,673	-19,850	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,517,300	7,455,372	8,972,672	-6,522,738	55.01
55.02	03140	CARDIOLOGY	1,240,806	498,609	1,739,415	-517,155	55.02
55.03	03450	NEURO-DIAGNOSTICS	516,666	122,067	638,733	-105,724	55.03
60.00	06000	LABORATORY	0	13,615,740	13,615,740	-44,033	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,615,511	851,561	2,467,072	-552,479	65.00
66.00	06600	PHYSICAL THERAPY	983,027	9,342	992,369	-5,343	66.00
66.01	06601	PHYSICAL THERAPY I -65	762,023	91,417	853,440	-17,069	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	199,094	31,228	230,322	-9,563	66.02
67.00	06700	OCCUPATIONAL THERAPY	596,351	3,206	599,557	-492	67.00
67.01	06701	OCCUPATIONAL THERAPY I -65	98,385	3,381	101,766	-1,139	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	10,471	0	10,471	0	67.02
68.00	06800	SPEECH PATHOLOGY	366,363	5,726	372,089	-883	68.00
68.01	06801	SPEECH PATHOLOGY I -65	311,932	1,441	313,373	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	503,767	42,402	546,169	-29,814	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,584,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,071,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,532,239	73.00
74.00	07400	RENAL DIALYSIS	0	468,007	468,007	-4,688	74.00
76.00	03020	RADIATION ONCOLOGY	382,766	736,302	1,119,068	-232,158	76.00
76.01	03040	ANGIOCARDIOGRAPHY	243,320	21,945	265,265	-19,363	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	-810	-810	761	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	16,152	642	16,794	-8	90.04
90.05	09005	LACTATION CLINIC	26,267	0	26,267	0	90.05
91.00	09100	EMERGENCY	4,352,095	3,902,474	8,254,569	-1,203,634	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A

Date/Time Prepared:
5/30/2024 10:06 am

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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
102.00	10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.00
113.00	11300 INTEREST EXPENSE		-9,927,697	-9,927,697	9,927,697	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	80,355,088	208,268,447	288,623,535	-1,180,200	287,443,335	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	1,744,170	221,517	1,965,687	1,205,883	3,171,570	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	1,443,970	1,443,970	-21,935	1,422,035	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	134,527	4,215	138,742	0	138,742	194.04
194.05	07955 LAKESHORE JOINT VENTURE	38,437	13,888,251	13,926,688	-3,748	13,922,940	194.05
194.06	07957 COVID VACCINE CLINIC	0	0	0	0	0	194.06
200.00	TOTAL (SUM OF LINES 118 through 199)	82,272,222	223,826,400	306,098,622	0	306,098,622	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,230,808	16,416,866	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,242,390	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-676,527	20,393,952	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,094,761	65,281,543	5.00
6.00	00600	MAINTENANCE & REPAIRS	-71,750	2,897,275	6.00
7.00	00700	OPERATION OF PLANT	-113,311	8,836,023	7.00
7.01	00701	OPERATION OF PLANT - FP	0	956,375	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,333,932	8.00
9.00	00900	HOUSEKEEPING	-42,307	2,343,586	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	116,512	9.01
10.00	01000	DIETARY	-285	1,093,561	10.00
11.00	01100	CAFETERIA	-711,310	881,173	11.00
13.00	01300	NURSING ADMINISTRATION	-93,885	2,958,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,275,791	-336,455	14.00
15.00	01500	PHARMACY	578,966	3,298,022	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,768,312	2,588,523	16.00
17.00	01700	SOCIAL SERVICE	-293,275	2,078,530	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-104,844	518,938	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-90,480	63,651	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,347,171	16,315,446	30.00
31.00	03100	INTENSIVE CARE UNIT	-101,042	4,173,924	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-2,027,017	2,171,111	35.00
41.00	04100	SUBPROVIDER - IRF	0	1,934,339	41.00
43.00	04300	NURSERY	0	1,784,645	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,200,127	9,476,787	50.00
51.00	05100	RECOVERY ROOM	0	4,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-6,933	2,106,066	52.00
53.00	05300	ANESTHESIOLOGY	-3,685,825	57,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-27,688	7,993,092	54.00
54.01	05401	RADIOLOGY - I-65	0	548,501	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	2,823	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-618	2,449,316	55.01
55.02	03140	CARDIOLOGY	-51,855	1,170,405	55.02
55.03	03450	NEURO-DIAGNOSTICS	-17,153	515,856	55.03
60.00	06000	LABORATORY	-8,488	13,563,219	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,914,593	65.00
66.00	06600	PHYSICAL THERAPY	-150	986,876	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	836,371	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	-5,536	215,223	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	599,065	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	100,627	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	10,471	67.02
68.00	06800	SPEECH PATHOLOGY	0	371,206	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	313,373	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	516,355	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,584,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,071,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,532,239	73.00
74.00	07400	RENAL DIALYSIS	0	463,319	74.00
76.00	03020	RADIATION ONCOLOGY	-28,468	858,442	76.00
76.01	03040	ANGIOCARDIOGRAPHY	-4	245,898	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	868	819	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	16,786	90.04
90.05	09005	LACTATION CLINIC	0	26,267	90.05
91.00	09100	EMERGENCY	-1,864,337	5,186,598	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-34,361,984	253,081,351	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-880,153	2,291,417	192.00
194.00	07950 FHC	0	0	194.00
194.01	07951 CONVENT	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	1,422,035	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	194.03
194.04	07954 CENTER OF HOPE	0	138,742	194.04
194.05	07955 LAKESHORE JOINT VENTURE	0	13,922,940	194.05
194.06	07957 COVID VACCINE CLINIC	0	0	194.06
200.00	TOTAL (SUM OF LINES 118 through 199)	-35,242,137	270,856,485	200.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
5/30/2024 10:06 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DIETARY					
1.00	CAFETERIA	11.00	819,295	773,188	1.00
			819,295	773,188	
B - MEDICAL EDUCATION					
1.00			0	0	1.00
			0	0	
C - LEASES & RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	508,669	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	276,307	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	371	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
	TOTALS		0	785,347	
D - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,968,471	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,002,820	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	30,971,291	
E - CHARGEABLE MED SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,584,828	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,071,960	2.00
3.00	OUTPATIENT CLINICS	90.02	0	819	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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
0			0	29,657,607		
F - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	444,897		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	153,785		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,339		3.00
0			0	607,021		
G - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES	21.00	1	1		1.00
	APPRV					
2.00	I&R SERVICES-OTHER PRGM COSTS	22.00	1	1		2.00
	APPRV					
0			2	2		
I - NURSERY						
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	4,365	372		1.00
2.00	NURSERY	43.00	1,669,366	115,279		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	1,893,236	161,551		3.00
0			3,566,967	277,202		
J - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,532,239		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,427		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
0			0	6,535,666		
K - WORKING WELL						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	861,711	344,172		1.00
0			861,711	344,172		
L - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	9,927,697		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,143		2.00
0			0	9,934,840		
M - PARAMEDICAL						
1.00	ECHOCARDIOLOGY EDUCATION PROGRAM	23.01	85,378	0		1.00
	TOTALS		85,378	0		
500.00	Grand Total: Increases		5,333,353	79,886,336		500.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
5/30/2024 10:06 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DIETARY							
1.00	DIETARY	10.00	819,295	773,188	0		1.00
			819,295	773,188			
B - MEDICAL EDUCATION							
1.00			0	0			1.00
C - LEASES & RENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	65,851	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	313,805	10		2.00
3.00	OPERATION OF PLANT	7.00	0	2,944	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	65,298	0		4.00
5.00	HOUSEKEEPING	9.00	0	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,272	0		6.00
7.00	PHARMACY	15.00	0	53,008	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	2,951	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	0	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	954	0		10.00
11.00	OPERATING ROOM	50.00	0	29,741	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	133,927	0		12.00
13.00	LOWELL RADIOLOGY	54.03	0	13,773	0		13.00
14.00	NEURO-DIAGNOSTICS	55.03	0	38,359	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	31,505	0		15.00
16.00	PHYSICAL THERAPY ST JOHN	66.02	0	5,276	0		16.00
17.00	OTHER NON REIMB - BUILDINGS	194.02	0	21,935	0		17.00
18.00	LAKESHORE JOINT VENTURE	194.05	0	3,748	0		18.00
	TOTALS		0	785,347			
D - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,690	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,095,163	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	11,195	0		3.00
4.00	OPERATION OF PLANT	7.00	0	4,351,727	0		4.00
5.00	OPERATION OF PLANT - FP	7.01	0	67,019	0		5.00
6.00	HOUSEKEEPING	9.00	0	27,703	0		6.00
7.00	DIETARY	10.00	0	74,326	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	480,907	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	90,220	0		9.00
10.00	PHARMACY	15.00	0	38,904	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,197	0		11.00
12.00	SOCIAL SERVICE	17.00	0	201	0		12.00
13.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	17,290	0		13.00
14.00	ECHOCARDIOLOGY EDUCATION PROGRAM	23.01	0	10,547	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	807,050	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	253,197	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	313,379	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	190,734	0		18.00
19.00	OPERATING ROOM	50.00	0	1,641,903	0		19.00
20.00	RECOVERY ROOM	51.00	0	60,812	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	603	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	111,235	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	885,962	0		23.00
24.00	RADIOLOGY - I-65	54.01	0	154,703	0		24.00
25.00	LOWELL RADIOLOGY	54.03	0	6,077	0		25.00
26.00	CARDIAC CATHETERIZATION LAB	55.01	0	466,085	0		26.00
27.00	CARDIOLOGY	55.02	0	179,373	0		27.00
28.00	NEURO-DIAGNOSTICS	55.03	0	31,345	0		28.00
29.00	LABORATORY	60.00	0	38,997	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	92,601	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	4,272	0		31.00
32.00	PHYSICAL THERAPY I-65	66.01	0	9,139	0		32.00
33.00	PHYSICAL THERAPY ST JOHN	66.02	0	3,216	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	25,454	0		34.00
35.00	RADIATION ONCOLOGY	76.00	0	214,701	0		35.00
36.00	OUTPATIENT CLINICS	90.02	0	58	0		36.00
37.00	EMERGENCY	91.00	0	189,306	0		37.00
	0		0	30,971,291			
E - CHARGEABLE MED SUPPLIES & IMPLANTS							
1.00	NURSING ADMINISTRATION	13.00	0	36,807	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	143,060	0		2.00
3.00	PHARMACY	15.00	0	63,749	0		3.00
4.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	10,815	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,618,562	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	578,352	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	246,308	0		7.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 10:06 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
8.00	SUBPROVIDER - IRF	41.00	0	65,749	0	8.00	
9.00	OPERATING ROOM	50.00	0	17,977,086	0	9.00	
10.00	RECOVERY ROOM	51.00	0	15,995	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	145,089	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	935,284	0	13.00	
14.00	RADIOLOGY - I-65	54.01	0	33,335	0	14.00	
15.00	CARDIAC CATHETERIZATION LAB	55.01	0	6,046,750	0	15.00	
16.00	CARDIOLOGY	55.02	0	252,391	0	16.00	
17.00	NEURO-DIAGNOSTICS	55.03	0	36,020	0	17.00	
18.00	LABORATORY	60.00	0	1,105	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	427,910	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	1,071	0	20.00	
21.00	PHYSICAL THERAPY I-65	66.01	0	7,930	0	21.00	
22.00	PHYSICAL THERAPY ST JOHN	66.02	0	1,071	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	492	0	23.00	
24.00	OCCUPATION THERAPY I-65	67.01	0	1,139	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	0	883	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	4,360	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	3,528	0	27.00	
28.00	RADIATION ONCOLOGY	76.00	0	17,376	0	28.00	
29.00	ANGIOCARDIOGRAPHY	76.01	0	19,363	0	29.00	
30.00	NEONATOLOGY CLINIC-FRANCISCAN POINT	90.04	0	8	0	30.00	
31.00	EMERGENCY	91.00	0	965,903	0	31.00	
	O		0	29,657,607			
F - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	607,021	12	1.00	
2.00		0.00	0	0	12	2.00	
3.00		0.00	0	0	12	3.00	
	O		0	607,021			
G - INTERNS AND RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1	1	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	1	1	0	2.00	
	O		2	2			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	2,861,529	244,176	0	1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	705,438	33,026	0	2.00	
3.00		0.00	0	0	0	3.00	
	O		3,566,967	277,202			
J - PHARMACY							
1.00	PHARMACY	15.00	0	6,088,722	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	135,457	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	84,155	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,111	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	2,510	0	5.00	
6.00	OPERATING ROOM	50.00	0	88,346	0	6.00	
7.00	RECOVERY ROOM	51.00	0	3,295	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	58,520	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,028	0	9.00	
10.00	RADIOLOGY - I-65	54.01	0	546	0	10.00	
11.00	CARDIAC CATHETERIZATION LAB	55.01	0	9,903	0	11.00	
12.00	CARDIOLOGY	55.02	0	13	0	12.00	
13.00	LABORATORY	60.00	0	3,931	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	463	0	14.00	
15.00	RENAL DIALYSIS	74.00	0	1,160	0	15.00	
16.00	RADIATION ONCOLOGY	76.00	0	81	0	16.00	
17.00	EMERGENCY	91.00	0	48,425	0	17.00	
	O		0	6,535,666			
K - WORKING WELL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	861,711	344,172	0	1.00	
	O		861,711	344,172			
L - INTEREST EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,735,979	11	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,198,861	11	2.00	
	O		0	9,934,840			
M - PARAMEDICAL							
1.00	CARDIOLOGY	55.02	85,378	0	0	1.00	
	TOTALS		85,378	0			
500.00	Grand Total: Decreases		5,333,353	79,886,336		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,758,812	0	0	0	0	1.00
2.00	Land Improvements	15,969,806	0	0	0	0	2.00
3.00	Buildings and Fixtures	353,116,047	143,529,248	0	143,529,248	0	3.00
4.00	Building Improvements	796,915	0	0	0	0	4.00
5.00	Fixed Equipment	84,357,871	69,890	0	69,890	0	5.00
6.00	Movable Equipment	83,296,868	1,065,507	0	1,065,507	431,141	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	551,296,319	144,664,645	0	144,664,645	431,141	8.00
9.00	Reconciling Items	202,526,608	143,496,631	0	143,496,631	0	9.00
10.00	Total (line 8 minus line 9)	348,769,711	1,168,014	0	1,168,014	431,141	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,758,812	0				1.00
2.00	Land Improvements	15,969,806	0				2.00
3.00	Buildings and Fixtures	496,645,295	0				3.00
4.00	Building Improvements	796,915	0				4.00
5.00	Fixed Equipment	84,427,761	0				5.00
6.00	Movable Equipment	83,931,234	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	695,529,823	0				8.00
9.00	Reconciling Items	346,023,239	0				9.00
10.00	Total (line 8 minus line 9)	349,506,584	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2024 10:06 am

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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part III
Date/Time Prepared:
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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	611,598,589	0	611,598,589	0.885854	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	83,931,235	5,124,314	78,806,921	0.114146	0	2.00
3.00	Total (sum of lines 1-2)	695,529,824	5,124,314	690,405,510	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	24,199,279	508,669	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,002,820	276,307	2.00
3.00	Total (sum of lines 1-2)	0	0	0	33,202,099	784,976	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	-8,735,979	444,897	0	0	16,416,866	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,198,861	162,124	0	0	8,242,390	2.00
3.00	Total (sum of lines 1-2)	-9,934,840	607,021	0	0	24,659,256	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
5/30/2024 10:06 am

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)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 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)			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)	B	-373,258		ADMINISTRATIVE & GENERAL	5.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00 Television and radio service (chapter 21)			0		0.00	0 8.00
9.00 Parking lot (chapter 21)			0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-25,107,779				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	3,626,145				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-671,239		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	B	-40,071		CAFETERIA	11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 PENSION EXPENSE	A	-189,102		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 HAF FEES	A	-8,806,196		ADMINISTRATIVE & GENERAL	5.00	0 33.01
34.00 ADVERTISING	A	-10,429		EMPLOYEE BENEFITS DEPARTMENT	4.00	9 34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
5/30/2024 10:06 am

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	
34.01 ADVERTISING	A	7,671	ADMINISTRATIVE & GENERAL		5.00	0 34.01
34.02 ADVERTISING	A	-3,856	OPERATION OF PLANT		7.00	0 34.02
34.03 ADVERTISING	A	-589	NURSING ADMINISTRATION		13.00	0 34.03
34.04 ADVERTISING	A	-12,094	PARAMED ED PRGM-(SPECIFY)		23.00	0 34.04
34.05 ADVERTISING	A	-2,329	OPERATING ROOM		50.00	0 34.05
34.06 ADVERTISING	A	-785	RADIOLOGY-DIAGNOSTIC		54.00	0 34.06
34.07 ADVERTISING	A	-357	NEURO-DIAGNOSTICS		55.03	0 34.07
34.08 ADVERTISING	A	-118	PHYSICAL THERAPY ST JOHN		66.02	0 34.08
34.09 ADVERTISING	A	-4	ANGIOCARDIOGRAPHY		76.01	0 34.09
34.10 ADVERTISING	A	-541	EMERGENCY		91.00	0 34.10
35.00 NON ALLOWABLE INTEREST EXP	B	0			0.00	0 35.00
35.01 LOBBYING EXP	A	-6,903	ADMINISTRATIVE & GENERAL		5.00	0 35.01
35.02 PATIENT PHONES	A	-754	ADMINISTRATIVE & GENERAL		5.00	0 35.02
36.00 DEFERRED LEASE REVENUE	B	-1,061	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00 ADMINISTRATIVE FEE	B	-15,578	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.00
37.01 ADMINISTRATIVE FEE	B	-4	OPERATING ROOM		50.00	0 37.01
38.00 NRCC PHYS	A	-881,102	PHYSICIANS' PRIVATE OFFICES		192.00	0 38.00
39.00 CONTRACT REVENUE	B	-6,393	OPERATING ROOM		50.00	0 39.00
39.01 CONTRACT REVENUE	B	-150	PHYSICAL THERAPY		66.00	0 39.01
40.00 DISCOUNTS EARNED/REBATES	B	-1,180,791	CENTRAL SERVICES & SUPPLY		14.00	0 40.00
41.00 EDUCATION MISC REV	B	-2,250	ADMINISTRATIVE & GENERAL		5.00	0 41.00
41.01 EDUCATION MISC REV	B	-388	PARAMED ED PRGM-(SPECIFY)		23.00	0 41.01
41.02 EDUCATION MISC REV	B	-7,460	ADULTS & PEDIATRICS		30.00	0 41.02
42.00 MISC. SVCS/OTHER OPERATING, JOINT VE	B	-71,750	MAINTENANCE & REPAIRS		6.00	0 42.00
42.01 MISC. SVCS/OTHER OPERATING, JOINT VE	B	-1,000	OPERATION OF PLANT		7.00	0 42.01
42.02 MISC. SVCS/OTHER OPERATING, JOINT VE	B	-41,000	HOUSEKEEPING		9.00	0 42.02
42.03 MISC. SVCS/OTHER OPERATING, JOINT VE	B	-95,000	CENTRAL SERVICES & SUPPLY		14.00	0 42.03
43.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 43.00
43.01 OTHER OPERATING REVENUES	B	-290	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 43.01
43.02 OTHER OPERATING REVENUES	B	146,435	ADMINISTRATIVE & GENERAL		5.00	0 43.02
43.03 OTHER OPERATING REVENUES	B	-108,055	OPERATION OF PLANT		7.00	0 43.03
43.04 OTHER OPERATING REVENUES	B	-572	HOUSEKEEPING		9.00	0 43.04
43.05 OTHER OPERATING REVENUES	B	-285	DIETARY		10.00	0 43.05
43.06 OTHER OPERATING REVENUES	B	-37,425	NURSING ADMINISTRATION		13.00	0 43.06
43.07 OTHER OPERATING REVENUES	B	-13,552	ADULTS & PEDIATRICS		30.00	0 43.07
43.08 OTHER OPERATING REVENUES	B	-550	RADIOLOGY-DIAGNOSTIC		54.00	0 43.08
43.09 OTHER OPERATING REVENUES	B	-618	CARDIAC CATHETERIZATION LAB		55.01	0 43.09
44.00 MISC. SERVICES	B	-57	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 44.00
44.01 MISC. SERVICES	B	-886,259	ADMINISTRATIVE & GENERAL		5.00	0 44.01
44.02 MISC. SERVICES	B	-821	RADIOLOGY-DIAGNOSTIC		54.00	0 44.02
45.00 PROGRAM FEES	B	-5,757	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.00
46.00 PARAMED ED REV	B	-92,227	PARAMED ED PRGM-(SPECIFY)		23.00	0 46.00
46.01 PARAMED ED REV	B	-90,480	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01	0 46.01
47.00 MEDICAL RECORDS	B	-7	RADIOLOGY-DIAGNOSTIC		54.00	0 47.00
47.01 MEDICAL RECORDS	B	-9,375	NURSING ADMINISTRATION		13.00	0 47.01
48.00 GIFTS/DONATIONS	A	-400	OPERATION OF PLANT		7.00	0 48.00
48.01 GIFTS/DONATIONS	A	-735	HOUSEKEEPING		9.00	0 48.01
48.02 GIFTS/DONATIONS	A	-135	PARAMED ED PRGM-(SPECIFY)		23.00	0 48.02
48.03 FALL OUT ACCOUNTS	A	-9,990	ADMINISTRATIVE & GENERAL		5.00	0 48.03
48.04 FALL OUT ACCOUNTS	A	868	OUTPATIENT CLINICS		90.02	0 48.04
48.05 FALL OUT ACCOUNTS	A	949	PHYSICIANS' PRIVATE OFFICES		192.00	0 48.05
49.00 PROPERTY TAX ADJUSTMENT	A	-198,043	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01 PROPERTY TAX ADJUSTMENT	A	-365	OPERATING ROOM		50.00	0 49.01
49.02 PROPERTY TAX ADJUSTMENT	A	-6,933	DELIVERY ROOM & LABOR ROOM		52.00	0 49.02
49.03 PROPERTY TAX ADJUSTMENT	A	-25,525	RADIOLOGY-DIAGNOSTIC		54.00	0 49.03
49.04 PROPERTY TAX ADJUSTMENT	A	-5,418	PHYSICAL THERAPY ST JOHN		66.02	0 49.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,242,137				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.

ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet A-8 Date/Time Prepared: 5/30/2024 10:06 am	
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	4.00	5.00	

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 01/01/2023 To 12/31/2023

Worksheet A-8-1

Date/Time Prepared: 5/30/2024 10:06 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	2,230,808	0
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	42,222,861	43,174,802
3.00	16.00	MEDICAL RECORDS & LIBRARY	HEALTH INFORMATION MANAGEMEN	1,768,312	0
4.00	15.00	PHARMACY	COVP / PHARMACY	578,966	0
4.01	0.00		0	0	0
4.02	0.00		0	0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			46,800,947	43,174,802

* 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 01/01/2023
To 12/31/2023

Worksheet A-8-1

Date/Time Prepared:
5/30/2024 10:06 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,230,808	9		1.00
2.00	-951,941	0		2.00
3.00	1,768,312	0		3.00
4.00	578,966	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	3,626,145			5.00

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

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

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

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

6.00	NON PROFIT		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 01/01/2023
To 12/31/2023

Worksheet A-8-2

Date/Time Prepared:
5/30/2024 10:06 am

	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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	455,314	455,314	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	12,212	12,212	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	46,496	46,496	0	0	0	3.00
4.00	17.00	AGGREGATE-SOCIAL SERVICE	293,275	293,275	0	0	0	4.00
5.00	23.00	AGGREGATE-PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	9,326,159	9,326,159	0	0	0	6.00
7.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	101,042	101,042	0	0	0	7.00
8.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	2,027,017	2,027,017	0	0	0	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	7,191,036	7,191,036	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	3,685,825	3,685,825	0	0	0	10.00
11.00	55.01	AGGREGATE-CARDIAC CATHERIZATION LAB	0	0	0	0	0	11.00
12.00	55.02	AGGREGATE-CARDIOLOGY	51,855	51,855	0	0	0	12.00
13.00	55.03	AGGREGATE-NEURO-DIAGNOSTICS	16,796	16,796	0	0	0	13.00
14.00	60.00	AGGREGATE-LABORATORY	8,488	8,488	0	0	0	14.00
15.00	76.00	AGGREGATE-RADIATION ONCOLOGY	28,468	28,468	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	1,863,796	1,863,796	0	0	0	16.00
200.00			25,107,779	25,107,779	0	0	0	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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	0	0	0	0	3.00
4.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	23.00	AGGREGATE-PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	55.01	AGGREGATE-CARDIAC CATHERIZATION LAB	0	0	0	0	0	11.00
12.00	55.02	AGGREGATE-CARDIOLOGY	0	0	0	0	0	12.00
13.00	55.03	AGGREGATE-NEURO-DIAGNOSTICS	0	0	0	0	0	13.00
14.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	14.00
15.00	76.00	AGGREGATE-RADIATION ONCOLOGY	0	0	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	16.00
200.00			0	0	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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	455,314	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	12,212	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	0	0	46,496	3.00
4.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	293,275	4.00
5.00	23.00	AGGREGATE-PARAMED ED PRGM-(SPECIFY)	0	0	0	0	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	9,326,159	6.00
7.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	101,042	7.00
8.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	2,027,017	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	7,191,036	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	3,685,825	10.00
11.00	55.01	AGGREGATE-CARDIAC CATHERIZATION LAB	0	0	0	0	11.00
12.00	55.02	AGGREGATE-CARDIOLOGY	0	0	0	51,855	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-2

Date/Time Prepared:
5/30/2024 10:06 am

	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		
13.00	55.03	AGGREGATE-NEURO-DIAGNOSTICS	0	0	0	16,796		13.00
14.00	60.00	AGGREGATE-LABORATORY	0	0	0	8,488		14.00
15.00	76.00	AGGREGATE-RADIATION ONCOLOGY	0	0	0	28,468		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,863,796		16.00
200.00			0	0	0	25,107,779		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,416,866	16,416,866			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,242,390		8,242,390		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,393,952	198,918	41,413	20,634,283	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	65,281,543	4,875,080	136,275	975,158	71,268,056
6.00 00600	MAINTENANCE & REPAIRS	2,897,275	36,278	2,175	151,833	3,087,561
7.00 00700	OPERATION OF PLANT	8,836,023	2,885,027	145,798	679,357	12,546,205
7.01 00701	OPERATION OF PLANT - FP	956,375	0	9,931	0	966,306
8.00 00800	LAUNDRY & LINEN SERVICE	1,333,932	211,977	0	18,689	1,564,598
9.00 00900	HOUSEKEEPING	2,343,586	113,652	53,267	455,262	2,965,767
9.01 01851	ENVIRONMENTAL SERVICES - FP	116,512	0	0	26,320	142,832
10.00 01000	DIETARY	1,093,561	584,918	129,543	143,165	1,951,187
11.00 01100	CAFETERIA	881,173	0	0	208,427	1,089,600
13.00 01300	NURSING ADMINISTRATION	2,958,403	626,049	314,880	711,525	4,610,857
14.00 01400	CENTRAL SERVICES & SUPPLY	-336,455	473,500	153,374	100,812	391,231
15.00 01500	PHARMACY	3,298,022	60,964	9,754	669,960	4,038,700
16.00 01600	MEDICAL RECORDS & LIBRARY	2,588,523	58,520	3,340	152,454	2,802,837
17.00 01700	SOCIAL SERVICE	2,078,530	134,707	386	467,383	2,681,006
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2	0	0	0	2
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2	0	0	0	2
23.00 02300	PARAMED ED PRGM-(SPECIFY)	518,938	0	32,972	93,507	645,417
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	63,651	0	20,280	38,046	121,977
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,315,446	1,747,525	393,919	5,827,589	24,284,479
31.00 03100	INTENSIVE CARE UNIT	4,173,924	361,104	485,505	908,293	5,928,826
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,171,111	453,667	200,746	540,754	3,366,278
41.00 04100	SUBPROVIDER - I RF	1,934,339	445,881	141,953	480,237	3,002,410
43.00 04300	NURSERY	1,784,645	0	0	424,683	2,209,328
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,476,787	779,506	2,441,756	1,523,186	14,221,235
51.00 05100	RECOVERY ROOM	4,436	312,605	9,872	50	326,963
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,106,066	0	0	492,537	2,598,603
53.00 05300	ANESTHESIOLOGY	57,265	44,379	203,476	14,106	319,226
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,993,092	643,577	1,293,591	1,240,540	11,170,800
54.01 05401	RADIOLOGY - I-65	548,501	0	228,735	108,665	885,901
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03 05403	LOWELL RADIOLOGY	2,823	0	11,685	520	15,028
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	2,449,316	200,070	749,585	385,998	3,784,969
55.02 03140	CARDIOLOGY	1,170,405	0	339,211	293,939	1,803,555
55.03 03450	NEURO-DIAGNOSTICS	515,856	58,485	55,482	131,439	761,262
60.00 06000	LABORATORY	13,563,219	309,882	73,060	0	13,946,161
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,914,593	35,126	174,846	410,983	2,535,548
66.00 06600	PHYSICAL THERAPY	986,876	117,458	3,797	250,080	1,358,211
66.01 06601	PHYSICAL THERAPY I-65	836,371	0	13,877	193,857	1,044,105
66.02 06602	PHYSICAL THERAPY ST JOHN	215,223	0	4,207	50,649	270,079
67.00 06700	OCCUPATIONAL THERAPY	599,065	0	0	151,711	750,776
67.01 06701	OCCUPATION THERAPY I-65	100,627	0	0	25,029	125,656
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	10,471	0	0	2,664	13,135
68.00 06800	SPEECH PATHOLOGY	371,206	0	0	93,202	464,408
68.01 06801	SPEECH PATHOLOGY I-65	313,373	0	0	79,355	392,728
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	516,355	3,177	47,952	128,157	695,641
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,584,828	0	0	0	19,584,828
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,071,960	0	0	0	10,071,960
73.00 07300	DRUGS CHARGED TO PATIENTS	6,532,239	0	0	0	6,532,239
74.00 07400	RENAL DIALYSIS	463,319	18,017	0	0	481,336
76.00 03020	RADIATION ONCOLOGY	858,442	0	116,020	97,375	1,071,837
76.01 03040	ANGIOCARDIOGRAPHY	245,898	0	0	61,900	307,798
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CLINIC	0	0	0	0	0
90.02 09002	OUTPATIENT CLINICS	819	0	112	0	931
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	16,786	0	0	4,109	20,895
90.05 09005	LACTATION CLINIC	26,267	0	0	6,682	32,949

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

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	
91.00	09100	EMERGENCY	5,186,598	626,817	155,535	1,107,164	7,076,114	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 OTHER REIMBURSABLE COST CENTERS)						92.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,081,351	16,416,866	8,198,310	19,927,351	252,330,339	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	2,291,417	0	9,748	662,931	2,964,096	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	1,422,035	0	26,504	0	1,448,539	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	138,742	0	7,828	34,223	180,793	194.04
194.05	07955	LAKESHORE JOINT VENTURE	13,922,940	0	0	9,778	13,932,718	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		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	270,856,485	16,416,866	8,242,390	20,634,283	270,856,485	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	71,268,056					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,102,491	4,190,052				6.00
7.00	00700	OPERATION OF PLANT	4,479,936	1,069,148	18,095,289			7.00
7.01	00701	OPERATION OF PLANT - FP	345,044	0	0	1,311,350		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	558,679	78,555	455,471	28,608	2,685,911	8.00
9.00	00900	HOUSEKEEPING	1,059,001	42,118	244,203	15,339	246,881	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	51,002	0	0	0	0	9.01
10.00	01000	DIETARY	696,720	216,762	1,256,804	78,940	33,472	10.00
11.00	01100	CAFETERIA	389,069	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,646,422	232,004	1,345,182	84,491	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	139,699	175,472	1,017,402	63,903	8,076	14.00
15.00	01500	PHARMACY	1,442,119	22,592	130,992	8,228	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,000,823	21,687	125,740	7,898	0	16.00
17.00	01700	SOCIAL SERVICE	957,320	49,920	289,443	18,180	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	230,462	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	43,555	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,671,400	647,606	3,754,884	235,845	1,249,103	30.00
31.00	03100	INTENSIVE CARE UNIT	2,117,036	133,820	775,899	48,734	95,606	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,202,014	168,122	974,788	61,227	66,001	35.00
41.00	04100	SUBPROVIDER - I&R	1,072,086	165,237	958,058	60,176	155,474	41.00
43.00	04300	NURSERY	788,896	0	0	0	28,931	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,078,047	288,873	1,674,913	105,202	304,042	50.00
51.00	05100	RECOVERY ROOM	116,750	115,847	671,691	42,189	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	927,896	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	113,988	16,446	95,356	5,989	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,988,813	238,500	1,382,844	86,857	69,839	54.00
54.01	05401	RADIOLOGY - I-65	316,333	0	0	0	68,663	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	5,366	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,351,518	74,143	429,888	27,001	24,352	55.01
55.02	03140	CARDIOLOGY	644,004	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	271,828	21,674	125,665	7,893	22,277	55.03
60.00	06000	LABORATORY	4,979,825	114,838	665,839	41,822	3,204	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	905,381	13,017	75,474	4,741	0	65.00
66.00	06600	PHYSICAL THERAPY	484,983	43,528	252,381	15,852	81,141	66.00
66.01	06601	PHYSICAL THERAPY I-65	372,824	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	96,438	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	268,083	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	44,869	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	4,690	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	165,828	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	140,233	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	248,396	1,177	6,827	429	16,536	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,993,252	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,596,445	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,332,499	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	171,873	6,677	38,712	2,432	0	74.00
76.00	03020	RADIATION ONCOLOGY	382,726	0	0	0	14,008	76.00
76.01	03040	ANGIOCARDIOGRAPHY	109,907	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
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	332	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	7,461	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	11,765	0	0	0	0	90.05
91.00	09100	EMERGENCY	2,526,703	232,289	1,346,833	84,595	198,305	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

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	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,652,832	4,190,052	18,095,289	1,136,571	2,685,911
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,058,405	0	0	32,411	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	517,237	0	0	136,308	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	6,060	0
194.04	07954	CENTER OF HOPE	64,557	0	0	0	0
194.05	07955	LAKESHORE JOINT VENTURE	4,975,025	0	0	0	0
194.06	07957	COVID VACCINE CLINIC	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	71,268,056	4,190,052	18,095,289	1,311,350	2,685,911

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,573,309					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	193,834				9.01
10.00	01000	DIETARY	330,414	12,073	4,576,372			10.00
11.00	01100	CAFETERIA	0	0	0	1,478,669		11.00
13.00	01300	NURSING ADMINISTRATION	353,649	12,922	0	62,611	8,348,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	267,475	9,773	0	15,140	0	14.00
15.00	01500	PHARMACY	34,438	1,258	0	51,475	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,057	1,208	0	13,343	0	16.00
17.00	01700	SOCIAL SERVICE	76,095	2,780	0	40,370	11,934	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	11,274	15	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	1,462	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	987,157	36,070	3,677,357	479,605	3,778,153	30.00
31.00	03100	INTENSIVE CARE UNIT	203,984	7,453	441,299	80,715	949,454	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	256,272	9,364	0	58,015	741,480	35.00
41.00	04100	SUBPROVIDER - IRF	251,874	9,203	457,716	45,015	395,046	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	440,335	16,089	0	119,385	828,070	50.00
51.00	05100	RECOVERY ROOM	176,588	6,452	0	5	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	710	0	52.00
53.00	05300	ANESTHESIOLOGY	25,069	916	0	3,064	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	363,550	13,284	0	110,658	99,970	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	10,775	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	69	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	113,018	4,130	0	23,634	173,516	55.01
55.02	03140	CARDIOLOGY	0	0	0	25,265	106,047	55.02
55.03	03450	NEURO-DIAGNOSTICS	33,037	1,207	0	14,163	0	55.03
60.00	06000	LABORATORY	175,049	6,396	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	19,842	725	0	37,770	0	65.00
66.00	06600	PHYSICAL THERAPY	66,351	2,424	0	19,179	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	14,897	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	3,951	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,916	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	1,659	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	226	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,879	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	6,237	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,795	66	0	11,626	84,005	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	10,178	372	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	7,555	29,535	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	4,607	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
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	335	1,358	90.04
90.05	09005	LACTATION CLINIC	0	0	0	705	4,294	90.05
91.00	09100	EMERGENCY	354,082	12,938	0	112,744	935,300	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		4,573,309	167,103	4,576,372	1,407,039	8,138,177	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	4,957	0	34,651	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	20,847	0	0	0	194.02
194.03	07953	0	927	0	0	0	194.03
194.04	07954	0	0	0	2,067	1,826	194.04
194.05	07955	0	0	0	34,912	208,135	194.05
194.06	07957	0	0	0	0	0	194.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		4,573,309	193,834	4,576,372	1,478,669	8,348,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,088,171					14.00
15.00 01500 PHARMACY	905	5,730,707				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	95	0	4,006,688			16.00
17.00 01700 SOCIAL SERVICE	117	0	0	4,127,165		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	3	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	1,862	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	15	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,614	0	222,066	228,703	0	30.00
31.00 03100 INTENSIVE CARE UNIT	963	0	48,972	50,435	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	609	0	72,200	74,358	0	35.00
41.00 04100 SUBPROVIDER - I&R	399	0	21,994	22,651	0	41.00
43.00 04300 NURSERY	0	0	13,205	13,600	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,210	0	477,623	491,897	0	50.00
51.00 05100 RECOVERY ROOM	126	0	72,539	74,707	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5	0	23,383	24,082	0	52.00
53.00 05300 ANESTHESIOLOGY	121	0	91,265	93,993	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,689	0	776,275	800,209	0	54.00
54.01 05401 RADIOLOGY - I-65	136	0	82,704	85,175	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	123	127	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	5,904	0	165,492	170,438	0	55.01
55.02 03140 RADIOLOGY	571	0	113,494	116,886	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	456	0	33,836	34,848	0	55.03
60.00 06000 LABORATORY	72	0	602,879	620,897	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	115	0	65,776	67,741	0	65.00
66.00 06600 PHYSICAL THERAPY	39	0	14,717	15,157	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	175	0	13,398	13,798	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	58	0	4,266	4,394	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	20	0	15,363	15,822	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	1,522	1,568	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	275	283	0	67.02
68.00 06800 SPEECH PATHOLOGY	2	0	13,441	13,842	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	8,508	8,762	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	216	0	10,588	10,904	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,376,202	0	163,233	168,111	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	672,161	0	154,784	159,410	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,730,707	210,631	216,926	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	4,258	4,385	0	74.00
76.00 03020 RADIATION ONCOLOGY	201	0	55,405	57,061	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	129	0	3,855	3,970	0	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
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	19	0	293	302	0	90.04
90.05 09005 LACTATION CLINIC	0	0	68	70	0	90.05
91.00 09100 EMERGENCY	2,016	0	448,257	461,653	3	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,085,222	5,730,707	4,006,688	4,127,165	3	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	2,830	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	2	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	117	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,088,171	5,730,707	4,006,688	4,127,165	3	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		889,030			23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM			167,009		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	48,258,042	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,883,196	0 31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	7,050,728	0 35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	6,617,339	0 41.00
43.00	04300	NURSERY	0	0	0	3,053,960	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	24,058,921	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,603,857	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,574,679	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	765,433	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,104,288	0 54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	1,449,687	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	20,713	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	6,348,003	0 55.01
55.02	03140	CARDIOLOGY	0	0	0	2,809,822	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	1,328,146	0 55.03
60.00	06000	LABORATORY	0	0	0	21,156,982	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,726,130	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,353,963	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	1,459,197	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	379,186	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,061,980	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	175,274	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	18,609	0 67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	664,400	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	556,468	0 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	167,009	1,255,215	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,285,626	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,654,760	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,023,002	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	720,223	0 74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	1,618,328	0 76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	430,266	0 76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00
OUTPATIENT SERVICE COST CENTERS							
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	1,263	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	30,663	0 90.04
90.05	09005	LACTATION CLINIC	0	0	0	49,851	0 90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	24.00	25.00	
91.00	09100	EMERGENCY	3	889,030	0	14,680,865	-6	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 OTHER REIMBURSABLE COST CENTERS)						92.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3	889,030	167,009	245,229,065	-6	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,097,350	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	2,122,933	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	6,987	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	249,243	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	19,150,907	0	194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3	889,030	167,009	270,856,485	-6	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/30/2024 10:06 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT - FP		7.01
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	01851 ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	48,258,042	30.00
31.00	03100 INTENSIVE CARE UNIT	10,883,196	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	7,050,728	35.00
41.00	04100 SUBPROVIDER - IRF	6,617,339	41.00
43.00	04300 NURSERY	3,053,960	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	24,058,921	50.00
51.00	05100 RECOVERY ROOM	1,603,857	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,574,679	52.00
53.00	05300 ANESTHESIOLOGY	765,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,104,288	54.00
54.01	05401 RADIOLOGY - I-65	1,449,687	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	54.02
54.03	05403 LOWELL RADIOLOGY	20,713	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	6,348,003	55.01
55.02	03140 RADIOLOGY	2,809,822	55.02
55.03	03450 NEURO-DIAGNOSTICS	1,328,146	55.03
60.00	06000 LABORATORY	21,156,982	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,726,130	65.00
66.00	06600 PHYSICAL THERAPY	2,353,963	66.00
66.01	06601 PHYSICAL THERAPY I-65	1,459,197	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	379,186	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,061,980	67.00
67.01	06701 OCCUPATION THERAPY I-65	175,274	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	18,609	67.02
68.00	06800 SPEECH PATHOLOGY	664,400	68.00
68.01	06801 SPEECH PATHOLOGY I-65	556,468	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	68.02
69.00	06900 ELECTROCARDIOLOGY	1,255,215	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,285,626	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,654,760	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,023,002	73.00
74.00	07400 RENAL DIALYSIS	720,223	74.00
76.00	03020 RADIATION ONCOLOGY	1,618,328	76.00
76.01	03040 ANGIOCARDIOGRAPHY	430,266	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CLINIC	0	90.01
90.02	09002 OUTPATIENT CLINICS	1,263	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	30,663	90.04
90.05	09005 LACTATION CLINIC	49,851	90.05
91.00	09100 EMERGENCY	14,680,859	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
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		245,229,059	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	FHC	194.00
194.01	07951	CONVENT	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	194.03
194.04	07954	CENTER OF HOPE	194.04
194.05	07955	LAKESHORE JOINT VENTURE	194.05
194.06	07957	COVID VACCINE CLINIC	194.06
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00
		270,856,479	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	198,918	41,413	240,331	240,331
5.00 00500	ADMINISTRATIVE & GENERAL	0	4,875,080	136,275	5,011,355	11,358
6.00 00600	MAINTENANCE & REPAIRS	0	36,278	2,175	38,453	1,768
7.00 00700	OPERATION OF PLANT	0	2,885,027	145,798	3,030,825	7,913
7.01 00701	OPERATION OF PLANT - FP	0	0	9,931	9,931	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	211,977	0	211,977	218
9.00 00900	HOUSEKEEPING	0	113,652	53,267	166,919	5,302
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	307
10.00 01000	DIETARY	0	584,918	129,543	714,461	1,667
11.00 01100	CAFETERIA	0	0	0	0	2,428
13.00 01300	NURSING ADMINISTRATION	0	626,049	314,880	940,929	8,287
14.00 01400	CENTRAL SERVICES & SUPPLY	0	473,500	153,374	626,874	1,174
15.00 01500	PHARMACY	0	60,964	9,754	70,718	7,803
16.00 01600	MEDICAL RECORDS & LIBRARY	0	58,520	3,340	61,860	1,776
17.00 01700	SOCIAL SERVICE	0	134,707	386	135,093	5,444
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	32,972	32,972	1,089
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	20,280	20,280	443
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,747,525	393,919	2,141,444	67,872
31.00 03100	INTENSIVE CARE UNIT	0	361,104	485,505	846,609	10,579
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	453,667	200,746	654,413	6,298
41.00 04100	SUBPROVIDER - I RF	0	445,881	141,953	587,834	5,593
43.00 04300	NURSERY	0	0	0	0	4,946
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	779,506	2,441,756	3,221,262	17,741
51.00 05100	RECOVERY ROOM	0	312,605	9,872	322,477	1
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,737
53.00 05300	ANESTHESIOLOGY	0	44,379	203,476	247,855	164
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	643,577	1,293,591	1,937,168	14,449
54.01 05401	RADIOLOGY - I-65	0	0	228,735	228,735	1,266
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03 05403	LOWELL RADIOLOGY	0	0	11,685	11,685	6
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	0	200,070	749,585	949,655	4,496
55.02 03140	CARDIOLOGY	0	0	339,211	339,211	3,424
55.03 03450	NEURO-DIAGNOSTICS	0	58,485	55,482	113,967	1,531
60.00 06000	LABORATORY	0	309,882	73,060	382,942	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	35,126	174,846	209,972	4,787
66.00 06600	PHYSICAL THERAPY	0	117,458	3,797	121,255	2,913
66.01 06601	PHYSICAL THERAPY I-65	0	0	13,877	13,877	2,258
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	4,207	4,207	590
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	1,767
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	0	292
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	31
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,086
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	924
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	3,177	47,952	51,129	1,493
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	18,017	0	18,017	0
76.00 03020	RADIATION ONCOLOGY	0	0	116,020	116,020	1,134
76.01 03040	ANGIOCARDIOGRAPHY	0	0	0	0	721
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CLINIC	0	0	0	0	0
90.02 09002	OUTPATIENT CLINICS	0	0	112	112	0
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	48
90.05 09005	LACTATION CLINIC	0	0	0	0	78
91.00 09100	EMERGENCY	0	626,817	155,535	782,352	12,895

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	16,416,866	8,198,310	24,615,176	232,097
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,404	0	9,748	15,152	7,721	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	945,359	0	26,504	971,863	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	4,071	0	7,828	11,899	399	194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	0	0	114	194.05
194.06 07957 COVID VACCINE CLINIC	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118 through 201)	954,834	16,416,866	8,242,390	25,614,090	240,331

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 10:06 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE
			5.00	6.00	7.00	7.01	8.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,022,713				5.00
6.00	00600	MAINTENANCE & REPAIRS	77,698	117,919			6.00
7.00	00700	OPERATION OF PLANT	315,725	30,090	3,384,553		7.00
7.01	00701	OPERATION OF PLANT - FP	24,317	0	0	34,248	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	39,373	2,211	85,192	747	339,718
9.00	00900	HOUSEKEEPING	74,634	1,185	45,676	401	31,226
9.01	01851	ENVIRONMENTAL SERVICES - FP	3,594	0	0	0	0
10.00	01000	DIETARY	49,102	6,100	235,073	2,062	4,234
11.00	01100	CAFETERIA	27,420	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	116,032	6,529	251,604	2,207	0
14.00	01400	CENTRAL SERVICES & SUPPLY	9,845	4,938	190,295	1,669	1,021
15.00	01500	PHARMACY	101,634	636	24,501	215	0
16.00	01600	MEDICAL RECORDS & LIBRARY	70,533	610	23,519	206	0
17.00	01700	SOCIAL SERVICE	67,468	1,405	54,138	475	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	16,242	0	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	3,070	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	611,190	18,225	702,312	6,159	157,988
31.00	03100	INTENSIVE CARE UNIT	149,199	3,766	145,125	1,273	12,092
35.00	02060	NEONATAL INTENSIVE CARE UNIT	84,712	4,731	182,325	1,599	8,348
41.00	04100	SUBPROVIDER - I&R	75,556	4,650	179,196	1,572	19,665
43.00	04300	NURSERY	55,598	0	0	0	3,659
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	357,877	8,130	313,277	2,748	38,456
51.00	05100	RECOVERY ROOM	8,228	3,260	125,633	1,102	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,394	0	0	0	0
53.00	05300	ANESTHESIOLOGY	8,033	463	17,835	156	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	281,113	6,712	258,648	2,268	8,833
54.01	05401	RADIOLOGY - I-65	22,294	0	0	0	8,685
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03	05403	LOWELL RADIOLOGY	378	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	95,249	2,087	80,407	705	3,080
55.02	03140	CARDIOLOGY	45,386	0	0	0	0
55.03	03450	NEURO-DIAGNOSTICS	19,157	610	23,505	206	2,818
60.00	06000	LABORATORY	350,955	3,232	124,539	1,092	405
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	63,807	366	14,117	124	0
66.00	06600	PHYSICAL THERAPY	34,179	1,225	47,206	414	10,263
66.01	06601	PHYSICAL THERAPY I-65	26,275	0	0	0	0
66.02	06602	PHYSICAL THERAPY ST JOHN	6,797	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	18,893	0	0	0	0
67.01	06701	OCCUPATIONAL THERAPY I-65	3,162	0	0	0	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	331	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	11,687	0	0	0	0
68.01	06801	SPEECH PATHOLOGY I-65	9,883	0	0	0	0
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	17,506	33	1,277	11	2,091
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	492,852	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	253,461	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	164,384	0	0	0	0
74.00	07400	RENAL DIALYSIS	12,113	188	7,241	64	0
76.00	03020	RADIATION ONCOLOGY	26,973	0	0	0	1,772
76.01	03040	ANGIOCARDIOGRAPHY	7,746	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CLINIC	0	0	0	0	0
90.02	09002	OUTPATIENT CLINICS	23	0	0	0	0
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	526	0	0	0	0
90.05	09005	LACTATION CLINIC	829	0	0	0	0
91.00	09100	EMERGENCY	178,070	6,537	251,912	2,209	25,082
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 10:06 am	
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		
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,556,503	117,919	3,384,553	29,684	339,718	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	74,591	0	0	846	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	36,452	0	0	3,560	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	158	0	194.03
194.04	07954	CENTER OF HOPE	4,550	0	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	350,617	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,022,713	117,919	3,384,553	34,248	339,718	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	325,343					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	3,901				9.01
10.00	01000	DIETARY	23,505	243	1,036,447			10.00
11.00	01100	CAFETERIA	0	0	0	29,848		11.00
13.00	01300	NURSING ADMINISTRATION	25,158	260	0	1,264	1,352,270	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,028	197	0	306	0	14.00
15.00	01500	PHARMACY	2,450	25	0	1,039	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,352	24	0	269	0	16.00
17.00	01700	SOCIAL SERVICE	5,413	56	0	815	1,933	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	228	2	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	30	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,228	727	832,840	9,679	612,003	30.00
31.00	03100	INTENSIVE CARE UNIT	14,511	150	99,944	1,629	153,797	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,231	188	0	1,171	120,108	35.00
41.00	04100	SUBPROVIDER - I&R	17,918	185	103,663	909	63,991	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,325	324	0	2,410	134,135	50.00
51.00	05100	RECOVERY ROOM	12,562	130	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14	0	52.00
53.00	05300	ANESTHESIOLOGY	1,783	18	0	62	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,863	267	0	2,234	16,194	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	217	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	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	8,040	83	0	477	28,107	55.01
55.02	03140	CARDIOLOGY	0	0	0	510	17,178	55.02
55.03	03450	NEURO-DIAGNOSTICS	2,350	24	0	286	0	55.03
60.00	06000	LABORATORY	12,453	129	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,412	15	0	762	0	65.00
66.00	06600	PHYSICAL THERAPY	4,720	49	0	387	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	301	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	80	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	241	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	33	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	5	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	139	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	126	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	128	1	0	235	13,607	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	724	7	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	153	4,784	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	93	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
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	7	220	90.04
90.05	09005	LACTATION CLINIC	0	0	0	14	696	90.05
91.00	09100	EMERGENCY	25,189	260	0	2,276	151,504	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		9.00	9.01	10.00	11.00	13.00		
OTHER REIMBURSABLE COST CENTERS								
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	325,343	3,362	1,036,447	28,402	1,318,259		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0		190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	100	0	699	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	420	0	0	0		194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	19	0	0	0		194.03
194.04	07954 CENTER OF HOPE	0	0	0	42	296		194.04
194.05	07955 LAKESHORE JOINT VENTURE	0	0	0	705	33,715		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	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	325,343	3,901	1,036,447	29,848	1,352,270		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 10:06 am		
Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - FP				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP				9.01
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	736,655			14.00
15.00	01500	PHARMACY	319	209,340		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33	0	161,182	16.00
17.00	01700	SOCIAL SERVICE	41	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	657	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	5	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,981	0	8,960	30.00
31.00	03100	INTENSIVE CARE UNIT	340	0	1,976	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	215	0	2,913	35.00
41.00	04100	SUBPROVIDER - I RF	141	0	887	41.00
43.00	04300	NURSERY	0	0	533	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,660	0	19,271	50.00
51.00	05100	RECOVERY ROOM	45	0	2,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	0	943	52.00
53.00	05300	ANESTHESIOLOGY	43	0	3,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	948	0	30,845	54.00
54.01	05401	RADIOLOGY - I-65	48	0	3,337	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	5	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,083	0	6,677	55.01
55.02	03140	CARDIOLOGY	202	0	4,579	55.02
55.03	03450	NEURO-DIAGNOSTICS	161	0	1,365	55.03
60.00	06000	LABORATORY	25	0	24,324	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	41	0	2,654	65.00
66.00	06600	PHYSICAL THERAPY	14	0	594	66.00
66.01	06601	PHYSICAL THERAPY I-65	62	0	541	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	21	0	172	66.02
67.00	06700	OCCUPATIONAL THERAPY	7	0	620	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	61	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	11	67.02
68.00	06800	SPEECH PATHOLOGY	1	0	542	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	343	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	76	0	427	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	485,489	0	6,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	237,121	0	6,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	209,340	8,498	73.00
74.00	07400	RENAL DIALYSIS	0	0	172	74.00
76.00	03020	RADIATION ONCOLOGY	71	0	2,235	76.00
76.01	03040	ANGIOCARDIOGRAPHY	45	0	156	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	7	0	12	90.04
90.05	09005	LACTATION CLINIC	0	0	3	90.05
91.00	09100	EMERGENCY	711	0	18,086	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
91.02	09102	EXPRESS CARE	0	0	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
102.00	10200	OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0		102.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	735,615	209,340	161,182	272,281	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	998	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	1	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	41	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	118,692	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	855,347	209,340	161,182	272,281		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		51,190			23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM			23,828		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			5,256,673	0	30.00
31.00	03100	INTENSIVE CARE UNIT			1,444,312	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,090,150	0	35.00
41.00	04100	SUBPROVIDER - IRF			1,063,252	0	41.00
43.00	04300	NURSERY			65,632	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			4,184,019	0	50.00
51.00	05100	RECOVERY ROOM			481,286	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			73,676	0	52.00
53.00	05300	ANESTHESIOLOGY			286,286	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,638,665	0	54.00
54.01	05401	RADIOLOGY - I-65			270,193	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ			0	0	54.02
54.03	05403	LOWELL RADIOLOGY			12,083	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB			1,192,373	0	55.01
55.02	03140	CARDIOLOGY			418,190	0	55.02
55.03	03450	NEURO-DIAGNOSTICS			168,276	0	55.03
60.00	06000	LABORATORY			940,997	0	60.00
60.01	06001	BLOOD LABORATORY			0	0	60.01
65.00	06500	RESPIRATORY THERAPY			302,519	0	65.00
66.00	06600	PHYSICAL THERAPY			224,217	0	66.00
66.01	06601	PHYSICAL THERAPY I-65			44,223	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN			12,156	0	66.02
67.00	06700	OCCUPATIONAL THERAPY			22,570	0	67.00
67.01	06701	OCCUPATION THERAPY I-65			3,651	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN			397	0	67.02
68.00	06800	SPEECH PATHOLOGY			14,367	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65			11,853	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN			0	0	68.02
69.00	06900	ELECTROCARDIOLOGY			88,732	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			996,001	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			507,328	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			396,512	0	73.00
74.00	07400	RENAL DIALYSIS			38,815	0	74.00
76.00	03020	RADIATION ONCOLOGY			156,901	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY			9,023	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION			0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY			0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			0	0	90.00
90.01	09001	DIABETES CLINIC			0	0	90.01
90.02	09002	OUTPATIENT CLINICS			135	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC			0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			840	0	90.04
90.05	09005	LACTATION CLINIC			1,625	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	24.00	25.00	
91.00	09100	EMERGENCY				1,487,494	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 OTHER REIMBURSABLE COST CENTERS)					0	92.00
102.00	10200	OPIOID TREATMENT PROGRAM				0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	23,905,422	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				100,107	0	192.00
194.00	07950	FHC				0	0	194.00
194.01	07951	CONVENT				0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS				1,012,296	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH				177	0	194.03
194.04	07954	CENTER OF HOPE				17,186	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE				385,192	0	194.05
194.06	07957	COVID VACCINE CLINIC				0	0	194.06
200.00		Cross Foot Adjustments	0	51,190	23,828	75,018	0	200.00
201.00		Negative Cost Centers	0	0	0	118,692	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	51,190	23,828	25,614,090	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 10:06 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT - FP		7.01
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	01851 ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	5,256,673	30.00
31.00	03100 INTENSIVE CARE UNIT	1,444,312	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	1,090,150	35.00
41.00	04100 SUBPROVIDER - I RF	1,063,252	41.00
43.00	04300 NURSERY	65,632	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,184,019	50.00
51.00	05100 RECOVERY ROOM	481,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	73,676	52.00
53.00	05300 ANESTHESIOLOGY	286,286	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,638,665	54.00
54.01	05401 RADIOLOGY - I-65	270,193	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	54.02
54.03	05403 LOWELL RADIOLOGY	12,083	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	1,192,373	55.01
55.02	03140 RADIOLOGY	418,190	55.02
55.03	03450 NEURO-DIAGNOSTICS	168,276	55.03
60.00	06000 LABORATORY	940,997	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	302,519	65.00
66.00	06600 PHYSICAL THERAPY	224,217	66.00
66.01	06601 PHYSICAL THERAPY I-65	44,223	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	12,156	66.02
67.00	06700 OCCUPATIONAL THERAPY	22,570	67.00
67.01	06701 OCCUPATION THERAPY I-65	3,651	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	397	67.02
68.00	06800 SPEECH PATHOLOGY	14,367	68.00
68.01	06801 SPEECH PATHOLOGY I-65	11,853	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	68.02
69.00	06900 ELECTROCARDIOLOGY	88,732	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	996,001	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	507,328	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	396,512	73.00
74.00	07400 RENAL DIALYSIS	38,815	74.00
76.00	03020 RADIATION ONCOLOGY	156,901	76.00
76.01	03040 ANGIOCARDIOGRAPHY	9,023	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CLINIC	0	90.01
90.02	09002 OUTPATIENT CLINICS	135	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	840	90.04
90.05	09005 LACTATION CLINIC	1,625	90.05
91.00	09100 EMERGENCY	1,487,494	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
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	FHC	194.00
194.01	07951	CONVENT	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	194.03
194.04	07954	CENTER OF HOPE	194.04
194.05	07955	LAKESHORE JOINT VENTURE	194.05
194.06	07957	COVID VACCINE CLINIC	194.06
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,178				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,286,711			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,697	21,538	81,110,233		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	139,622	70,874	3,833,200	-71,268,056	199,588,429
6.00 00600	MAINTENANCE & REPAIRS	1,039	1,131	596,831	0	3,087,561
7.00 00700	OPERATION OF PLANT	82,627	75,827	2,670,449	0	12,546,205
7.01 00701	OPERATION OF PLANT - FP	0	5,165	0	0	966,306
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	0	73,464	0	1,564,598
9.00 00900	HOUSEKEEPING	3,255	27,703	1,789,564	0	2,965,767
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	103,461	0	142,832
10.00 01000	DIETARY	16,752	67,373	562,758	0	1,951,187
11.00 01100	CAFETERIA	0	0	819,295	0	1,089,600
13.00 01300	NURSING ADMINISTRATION	17,930	163,763	2,796,897	0	4,610,857
14.00 01400	CENTRAL SERVICES & SUPPLY	13,561	79,767	396,277	0	391,231
15.00 01500	PHARMACY	1,746	5,073	2,633,512	0	4,038,700
16.00 01600	MEDICAL RECORDS & LIBRARY	1,676	1,737	599,273	0	2,802,837
17.00 01700	SOCIAL SERVICE	3,858	201	1,837,210	0	2,681,006
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1	0	2
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1	0	2
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	17,148	367,561	0	645,417
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	10,547	149,553	0	121,977
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	50,049	204,870	22,907,363	0	24,284,479
31.00 03100	INTENSIVE CARE UNIT	10,342	252,502	3,570,362	0	5,928,826
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,993	104,404	2,125,621	0	3,366,278
41.00 04100	SUBPROVIDER - I RF	12,770	73,827	1,887,738	0	3,002,410
43.00 04300	NURSERY	0	0	1,669,366	0	2,209,328
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,325	1,269,912	5,987,412	0	14,221,235
51.00 05100	RECOVERY ROOM	8,953	5,134	198	0	326,963
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,936,089	0	2,598,603
53.00 05300	ANESTHESIOLOGY	1,271	105,824	55,448	0	319,226
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,432	672,772	4,876,375	0	11,170,800
54.01 05401	RADIOLOGY - I-65	0	118,961	427,147	0	885,901
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03 05403	LOWELL RADIOLOGY	0	6,077	2,044	0	15,028
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	389,845	1,517,300	0	3,784,969
55.02 03140	CARDIOLOGY	0	176,417	1,155,428	0	1,803,555
55.03 03450	NEURO-DIAGNOSTICS	1,675	28,855	516,666	0	761,262
60.00 06000	LABORATORY	8,875	37,997	0	0	13,946,161
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,006	90,934	1,615,511	0	2,535,548
66.00 06600	PHYSICAL THERAPY	3,364	1,975	983,027	0	1,358,211
66.01 06601	PHYSICAL THERAPY I-65	0	7,217	762,023	0	1,044,105
66.02 06602	PHYSICAL THERAPY ST. JOHN	0	2,188	199,094	0	270,079
67.00 06700	OCCUPATIONAL THERAPY	0	0	596,351	0	750,776
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	98,385	0	125,656
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	10,471	0	13,135
68.00 06800	SPEECH PATHOLOGY	0	0	366,363	0	464,408
68.01 06801	SPEECH PATHOLOGY I-65	0	0	311,932	0	392,728
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	91	24,939	503,767	0	695,641
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,584,828
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,071,960
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,532,239
74.00 07400	RENAL DIALYSIS	516	0	0	0	481,336
76.00 03020	RADIATION ONCOLOGY	0	60,340	382,766	0	1,071,837
76.01 03040	ANGIOCARDIOGRAPHY	0	0	243,320	0	307,798
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CLINIC	0	0	0	0	0
90.02 09002	OUTPATIENT CLINICS	0	58	0	0	931
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	16,152	0	20,895
90.05 09005	LACTATION CLINIC	0	0	26,267	0	32,949

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

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				
91.00	09100	EMERGENCY	17,952	80,891	4,352,095	0	7,076,114	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 OTHER REIMBURSABLE COST CENTERS)						92.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	470,178	4,263,786	78,331,388	-71,268,056	181,062,283	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,070	2,605,881	0	2,964,096	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	13,784	0	0	1,448,539	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	4,071	134,527	0	180,793	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	38,437	0	13,932,718	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)	16,416,866	8,242,390	20,634,283		71,268,056	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.916279	1.922777	0.254398		0.357075	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			240,331		5,022,713	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002963		0.025165	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	323,820				6.00	
7.00	00700	OPERATION OF PLANT	82,627	241,193			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	278,283		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	6,071	818,172	8.00	
9.00	00900	HOUSEKEEPING	3,255	3,255	3,255	75,204	231,867	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	16,752	16,752	16,752	10,196	16,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,930	17,930	17,930	0	17,930	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,561	13,561	13,561	2,460	13,561	14.00
15.00	01500	PHARMACY	1,746	1,746	1,746	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,676	1,676	1,676	0	1,676	16.00
17.00	01700	SOCIAL SERVICE	3,858	3,858	3,858	0	3,858	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,049	50,049	50,049	380,497	50,049	30.00
31.00	03100	INTENSIVE CARE UNIT	10,342	10,342	10,342	29,123	10,342	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,993	12,993	12,993	20,105	12,993	35.00
41.00	04100	SUBPROVIDER - I RF	12,770	12,770	12,770	47,360	12,770	41.00
43.00	04300	NURSERY	0	0	0	8,813	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,325	22,325	22,325	92,616	22,325	50.00
51.00	05100	RECOVERY ROOM	8,953	8,953	8,953	0	8,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,271	1,271	1,271	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,432	18,432	18,432	21,274	18,432	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	20,916	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	5,730	5,730	5,730	7,418	5,730	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	1,675	6,786	1,675	55.03
60.00	06000	LABORATORY	8,875	8,875	8,875	976	8,875	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,006	1,006	1,006	0	1,006	65.00
66.00	06600	PHYSICAL THERAPY	3,364	3,364	3,364	24,717	3,364	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	OCCUPATIONAL 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	91	91	91	5,037	91	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	516	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	4,267	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
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	17,952	17,952	17,952	60,407	17,952	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

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)	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	6.00	7.00	7.01	8.00	9.00	92.00
102.00	10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	323,820	241,193	241,193	818,172	231,867	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	6,878	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	28,926	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	1,286	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)	4,190,052	18,095,289	1,311,350	2,685,911	4,573,309	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.939448	75.024105	4.712289	3.282820	19.723846	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	117,919	3,384,553	34,248	339,718	325,343	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.364150	14.032551	0.123069	0.415216	1.403145	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	268,957					9.01
10.00	01000	16,752	167,811				10.00
11.00	01100	0	0	1,404,900			11.00
13.00	01300	17,930	0	59,487	571,517		13.00
14.00	01400	13,561	0	14,385	0	31,274,980	14.00
15.00	01500	1,746	0	48,907	0	13,558	15.00
16.00	01600	1,676	0	12,677	0	1,419	16.00
17.00	01700	3,858	0	38,356	817	1,754	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	10,712	1	27,891	23.00
23.01	02301	0	0	1,389	0	232	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	50,049	134,845	455,678	258,654	84,089	30.00
31.00	03100	10,342	16,182	76,688	65,000	14,420	31.00
35.00	02060	12,993	0	55,121	50,762	9,115	35.00
41.00	04100	12,770	16,784	42,769	27,045	5,979	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,325	0	113,429	56,690	197,846	50.00
51.00	05100	8,953	0	5	0	1,890	51.00
52.00	05200	0	0	675	0	82	52.00
53.00	05300	1,271	0	2,911	0	1,816	53.00
54.00	05400	18,432	0	105,137	6,844	40,267	54.00
54.01	05401	0	0	10,237	0	2,035	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	66	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	5,730	0	22,455	11,879	88,426	55.01
55.02	03140	0	0	24,005	7,260	8,558	55.02
55.03	03450	1,675	0	13,456	0	6,833	55.03
60.00	06000	8,875	0	0	0	1,074	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,006	0	35,886	0	1,726	65.00
66.00	06600	3,364	0	18,222	0	580	66.00
66.01	06601	0	0	14,154	0	2,614	66.01
66.02	06602	0	0	3,754	0	872	66.02
67.00	06700	0	0	11,322	0	300	67.00
67.01	06701	0	0	1,576	0	0	67.01
67.02	06702	0	0	215	0	0	67.02
68.00	06800	0	0	6,536	0	23	68.00
68.01	06801	0	0	5,926	0	0	68.01
68.02	06802	0	0	0	0	0	68.02
69.00	06900	91	0	11,046	5,751	3,240	69.00
71.00	07100	0	0	0	0	20,611,673	71.00
72.00	07200	0	0	0	0	10,067,110	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	516	0	0	0	0	74.00
76.00	03020	0	0	7,178	2,022	3,004	76.00
76.01	03040	0	0	4,377	0	1,926	76.01
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	318	93	279	90.04
90.05	09005	0	0	670	294	0	90.05
91.00	09100	17,952	0	107,119	64,031	30,193	91.00
91.01	09101	0	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description			ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.01	10.00	11.00	13.00	14.00	
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	231,867	167,811	1,336,844	557,143	31,230,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	0	32,922	0	42,380	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	28,926	0	0	0	29	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,286	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	1,964	125	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	33,170	14,249	1,747	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)	193,834	4,576,372	1,478,669	8,348,138	2,088,171	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.720688	27.270989	1.052508	14.606981	0.066768	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,901	1,036,447	29,848	1,352,270	855,347	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014504	6.176276	0.021246	2.366106	0.023554	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	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	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,197,627,882				16.00
17.00 01700 SOCIAL SERVICE	0	0	1,197,627,882			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	100	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	66,367,751	66,367,751	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	14,635,935	14,635,935	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	21,577,991	21,577,991	0	0	35.00
41.00 04100 SUBPROVIDER - IRF	0	6,573,261	6,573,261	0	0	41.00
43.00 04300 NURSERY	0	3,946,546	3,946,546	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	142,744,483	142,744,483	0	0	50.00
51.00 05100 RECOVERY ROOM	0	21,679,290	21,679,290	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,988,298	6,988,298	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	27,275,880	27,275,880	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	232,172,476	232,172,476	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	24,717,168	24,717,168	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	36,824	36,824	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	49,459,743	49,459,743	0	0	55.01
55.02 03140 RADIOLOGY	0	33,919,362	33,919,362	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	10,112,496	10,112,496	0	0	55.03
60.00 06000 LABORATORY	0	180,178,953	180,178,953	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	19,657,993	19,657,993	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	4,398,506	4,398,506	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	4,004,113	4,004,113	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	1,275,061	1,275,061	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	4,591,392	4,591,392	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	454,988	454,988	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	82,240	82,240	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	4,016,943	4,016,943	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	2,542,739	2,542,739	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	3,164,363	3,164,363	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,784,521	48,784,521	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	46,259,532	46,259,532	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	62,950,139	62,950,139	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	1,272,481	1,272,481	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	16,558,543	16,558,543	0	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	1,152,047	1,152,047	0	0	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
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	87,567	87,567	0	0	90.04
90.05 09005 LACTATION CLINIC	0	20,350	20,350	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

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	
91.00 09100 EMERGENCY	0	133,967,907	133,967,907	100	100	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 OTHER REIMBURSABLE COST CENTERS						92.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	100	1,197,627,882	1,197,627,882	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	0	0	0	0	0	194.04
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)	5,730,707	4,006,688	4,127,165	3	3	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	57,307.070000	0.003346	0.003446	0.030000	0.030000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	209,340	161,182	272,281	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2,093.400000	0.000135	0.000227	0.000000	0.000000	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 01/01/2023
To 12/31/2023

Worksheet B-1
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
7.01	00701			7.01
8.00	00800			8.00
9.00	00900			9.00
9.01	01851			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	100	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	0	0	30.00
31.00	03100	0	0	31.00
35.00	02060	0	0	35.00
41.00	04100	0	0	41.00
43.00	04300	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
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	100	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
77.00	07700	0	0	77.00
78.00	07800	0	0	78.00
OUTPATIENT SERVICE COST CENTERS				
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	100	0	91.00
91.01	09101	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
			23.00	23.01	
91.02	09102	EXPRESS CARE	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			92.00
102.00	10200	OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	102.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	100	100	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FHC	0	0	194.00
194.01	07951	CONVENT	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	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)	889,030	167,009	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8,890.300000	1,670.090000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	51,190	23,828	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	511.900000	238.280000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 10:06 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	48,258,042	48,258,042	0	48,258,042	30.00
31.00	03100 INTENSIVE CARE UNIT	10,883,196	10,883,196	0	10,883,196	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	7,050,728	7,050,728	0	7,050,728	35.00
41.00	04100 SUBPROVIDER - I RF	6,617,339	6,617,339	0	6,617,339	41.00
43.00	04300 NURSERY	3,053,960	3,053,960	0	3,053,960	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	24,058,921	24,058,921	0	24,058,921	50.00
51.00	05100 RECOVERY ROOM	1,603,857	1,603,857	0	1,603,857	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,574,679	3,574,679	0	3,574,679	52.00
53.00	05300 ANESTHESIOLOGY	765,433	765,433	0	765,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,104,288	19,104,288	0	19,104,288	54.00
54.01	05401 RADIOLOGY - I-65	1,449,687	1,449,687	0	1,449,687	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	20,713	20,713	0	20,713	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	6,348,003	6,348,003	0	6,348,003	55.01
55.02	03140 RADIOLOGY	2,809,822	2,809,822	0	2,809,822	55.02
55.03	03450 NEURO-DIAGNOSTICS	1,328,146	1,328,146	0	1,328,146	55.03
60.00	06000 LABORATORY	21,156,982	21,156,982	0	21,156,982	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,726,130	3,726,130	0	3,726,130	65.00
66.00	06600 PHYSICAL THERAPY	2,353,963	2,353,963	0	2,353,963	66.00
66.01	06601 PHYSICAL THERAPY I-65	1,459,197	1,459,197	0	1,459,197	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	379,186	379,186	0	379,186	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,061,980	1,061,980	0	1,061,980	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	175,274	175,274	0	175,274	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	18,609	18,609	0	18,609	67.02
68.00	06800 SPEECH PATHOLOGY	664,400	664,400	0	664,400	68.00
68.01	06801 SPEECH PATHOLOGY I-65	556,468	556,468	0	556,468	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	1,255,215	1,255,215	0	1,255,215	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,285,626	28,285,626	0	28,285,626	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,654,760	14,654,760	0	14,654,760	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,023,002	15,023,002	0	15,023,002	73.00
74.00	07400 RENAL DIALYSIS	720,223	720,223	0	720,223	74.00
76.00	03020 RADIATION ONCOLOGY	1,618,328	1,618,328	0	1,618,328	76.00
76.01	03040 ANGIOCARDIOGRAPHY	430,266	430,266	0	430,266	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	1,263	1,263	0	1,263	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	30,663	30,663	0	30,663	90.04
90.05	09005 LACTATION CLINIC	49,851	49,851	0	49,851	90.05
91.00	09100 EMERGENCY	14,680,859	14,680,859	0	14,680,859	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	5,948,418	5,948,418	0	5,948,418	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	251,177,477	251,177,477	0	251,177,477	200.00
201.00	Less Observation Beds	5,948,418	5,948,418	0	5,948,418	201.00
202.00	Total (see instructions)	245,229,059	245,229,059	0	245,229,059	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 10:06 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,469,013		55,469,013		30.00
31.00	03100	INTENSIVE CARE UNIT	14,635,935		14,635,935		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	21,577,991		21,577,991		35.00
41.00	04100	SUBPROVIDER - IRF	6,573,261		6,573,261		41.00
43.00	04300	NURSERY	3,946,546		3,946,546		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,596,594	89,147,889	142,744,483	0.168545	50.00
51.00	05100	RECOVERY ROOM	6,404,771	15,274,519	21,679,290	0.073981	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,918,154	70,144	6,988,298	0.511524	52.00
53.00	05300	ANESTHESIOLOGY	8,574,451	18,701,429	27,275,880	0.028063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,781,033	169,391,443	232,172,476	0.082285	54.00
54.01	05401	RADIOLOGY - I-65	112,824	24,604,344	24,717,168	0.058651	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	54.02
54.03	05403	LOWELL RADIOLOGY	0	36,824	36,824	0.562486	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	21,228,019	28,231,724	49,459,743	0.128347	55.01
55.02	03140	CARDIOLOGY	11,683,453	22,235,909	33,919,362	0.082838	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,528,208	8,584,288	10,112,496	0.131337	55.03
60.00	06000	LABORATORY	64,612,743	115,566,210	180,178,953	0.117422	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,391,553	4,266,440	19,657,993	0.189548	65.00
66.00	06600	PHYSICAL THERAPY	4,135,049	263,457	4,398,506	0.535173	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,439	4,002,674	4,004,113	0.364425	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	1,275,061	1,275,061	0.297387	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,306,276	285,116	4,591,392	0.231298	67.00
67.01	06701	OCCUPATION THERAPY I-65	693	454,295	454,988	0.385228	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	82,240	82,240	0.226277	67.02
68.00	06800	SPEECH PATHOLOGY	3,824,106	192,837	4,016,943	0.165399	68.00
68.01	06801	SPEECH PATHOLOGY I-65	472	2,542,267	2,542,739	0.218846	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0.000000	68.02
69.00	06900	ELECTROCARDIOLOGY	74,836	3,089,527	3,164,363	0.396672	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,764,620	25,019,901	48,784,521	0.579807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,342,079	26,917,453	46,259,532	0.316794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,027,625	16,922,514	62,950,139	0.238649	73.00
74.00	07400	RENAL DIALYSIS	1,171,587	100,894	1,272,481	0.565999	74.00
76.00	03020	RADIATION ONCOLOGY	418,960	16,139,583	16,558,543	0.097734	76.00
76.01	03040	ANGIOCARDIOGRAPHY	29,233	1,122,814	1,152,047	0.373480	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0.000000	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0.000000	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	87,567	87,567	0.350166	90.04
90.05	09005	LACTATION CLINIC	0	20,350	20,350	2.449681	90.05
91.00	09100	EMERGENCY	36,866,361	97,101,546	133,967,907	0.109585	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,999,085	7,899,653	10,898,738	0.545790	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	497,996,970	699,630,912	1,197,627,882		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	497,996,970	699,630,912	1,197,627,882		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 10:06 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168545		50.00
51.00	05100	RECOVERY ROOM	0.073981		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511524		52.00
53.00	05300	ANESTHESIOLOGY	0.028063		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082285		54.00
54.01	05401	RADIOLOGY - I-65	0.058651		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.562486		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.128347		55.01
55.02	03140	CARDIOLOGY	0.082838		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.131337		55.03
60.00	06000	LABORATORY	0.117422		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.189548		65.00
66.00	06600	PHYSICAL THERAPY	0.535173		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.364425		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.297387		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.231298		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.385228		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.226277		67.02
68.00	06800	SPEECH PATHOLOGY	0.165399		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.218846		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	0.396672		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316794		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.238649		73.00
74.00	07400	RENAL DIALYSIS	0.565999		74.00
76.00	03020	RADIATION ONCOLOGY	0.097734		76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.373480		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CLINIC	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.350166		90.04
90.05	09005	LACTATION CLINIC	2.449681		90.05
91.00	09100	EMERGENCY	0.109585		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	0.545790		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 10:06 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		48,258,042	0	48,258,042	30.00
31.00	03100 INTENSIVE CARE UNIT		10,883,196	0	10,883,196	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		7,050,728	0	7,050,728	35.00
41.00	04100 SUBPROVIDER - I RF		6,617,339	0	6,617,339	41.00
43.00	04300 NURSERY		3,053,960	0	3,053,960	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		24,058,921	0	24,058,921	50.00
51.00	05100 RECOVERY ROOM		1,603,857	0	1,603,857	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,574,679	0	3,574,679	52.00
53.00	05300 ANESTHESIOLOGY		765,433	0	765,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,104,288	0	19,104,288	54.00
54.01	05401 RADIOLOGY - I-65		1,449,687	0	1,449,687	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY		20,713	0	20,713	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		6,348,003	0	6,348,003	55.01
55.02	03140 RADIOLOGY		2,809,822	0	2,809,822	55.02
55.03	03450 NEURO-DIAGNOSTICS		1,328,146	0	1,328,146	55.03
60.00	06000 LABORATORY		21,156,982	0	21,156,982	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	3,726,130	0	3,726,130	65.00
66.00	06600 PHYSICAL THERAPY	0	2,353,963	0	2,353,963	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,459,197	0	1,459,197	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	379,186	0	379,186	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,061,980	0	1,061,980	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	175,274	0	175,274	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	18,609	0	18,609	67.02
68.00	06800 SPEECH PATHOLOGY	0	664,400	0	664,400	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	556,468	0	556,468	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	1,255,215	0	1,255,215	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		28,285,626	0	28,285,626	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,654,760	0	14,654,760	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		15,023,002	0	15,023,002	73.00
74.00	07400 RENAL DIALYSIS		720,223	0	720,223	74.00
76.00	03020 RADIOLOGY ONCOLOGY		1,618,328	0	1,618,328	76.00
76.01	03040 ANGIOCARDIOGRAPHY		430,266	0	430,266	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 DIABETES CLINIC		0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS		1,263	0	1,263	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		30,663	0	30,663	90.04
90.05	09005 LACTATION CLINIC		49,851	0	49,851	90.05
91.00	09100 EMERGENCY		14,680,859	0	14,680,859	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		0	0	0	91.01
91.02	09102 EXPRESS CARE		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,948,418	0	5,948,418	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		251,177,477	0	251,177,477	200.00
201.00	Less Observation Beds		5,948,418	0	5,948,418	201.00
202.00	Total (see instructions)		245,229,059	0	245,229,059	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 10:06 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,469,013		55,469,013		30.00
31.00	03100	INTENSIVE CARE UNIT	14,635,935		14,635,935		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	21,577,991		21,577,991		35.00
41.00	04100	SUBPROVIDER - IRF	6,573,261		6,573,261		41.00
43.00	04300	NURSERY	3,946,546		3,946,546		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,596,594	89,147,889	142,744,483	0.168545	50.00
51.00	05100	RECOVERY ROOM	6,404,771	15,274,519	21,679,290	0.073981	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,918,154	70,144	6,988,298	0.511524	52.00
53.00	05300	ANESTHESIOLOGY	8,574,451	18,701,429	27,275,880	0.028063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,781,033	169,391,443	232,172,476	0.082285	54.00
54.01	05401	RADIOLOGY - I-65	112,824	24,604,344	24,717,168	0.058651	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	54.02
54.03	05403	LOWELL RADIOLOGY	0	36,824	36,824	0.562486	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	21,228,019	28,231,724	49,459,743	0.128347	55.01
55.02	03140	CARDIOLOGY	11,683,453	22,235,909	33,919,362	0.082838	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,528,208	8,584,288	10,112,496	0.131337	55.03
60.00	06000	LABORATORY	64,612,743	115,566,210	180,178,953	0.117422	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,391,553	4,266,440	19,657,993	0.189548	65.00
66.00	06600	PHYSICAL THERAPY	4,135,049	263,457	4,398,506	0.535173	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,439	4,002,674	4,004,113	0.364425	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	1,275,061	1,275,061	0.297387	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,306,276	285,116	4,591,392	0.231298	67.00
67.01	06701	OCCUPATION THERAPY I-65	693	454,295	454,988	0.385228	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	82,240	82,240	0.226277	67.02
68.00	06800	SPEECH PATHOLOGY	3,824,106	192,837	4,016,943	0.165399	68.00
68.01	06801	SPEECH PATHOLOGY I-65	472	2,542,267	2,542,739	0.218846	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0.000000	68.02
69.00	06900	ELECTROCARDIOLOGY	74,836	3,089,527	3,164,363	0.396672	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,764,620	25,019,901	48,784,521	0.579807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,342,079	26,917,453	46,259,532	0.316794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,027,625	16,922,514	62,950,139	0.238649	73.00
74.00	07400	RENAL DIALYSIS	1,171,587	100,894	1,272,481	0.565999	74.00
76.00	03020	RADIATION ONCOLOGY	418,960	16,139,583	16,558,543	0.097734	76.00
76.01	03040	ANGIOCARDIOGRAPHY	29,233	1,122,814	1,152,047	0.373480	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0.000000	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0.000000	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	87,567	87,567	0.350166	90.04
90.05	09005	LACTATION CLINIC	0	20,350	20,350	2.449681	90.05
91.00	09100	EMERGENCY	36,866,361	97,101,546	133,967,907	0.109585	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,999,085	7,899,653	10,898,738	0.545790	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	497,996,970	699,630,912	1,197,627,882		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	497,996,970	699,630,912	1,197,627,882		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIOLOGY - I-65	0.000000			54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000			54.02
54.03	05403	LOWELL RADIOLOGY	0.000000			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.000000			55.01
55.02	03140	CARDIOLOGY	0.000000			55.02
55.03	03450	NEURO-DIAGNOSTICS	0.000000			55.03
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY I-65	0.000000			66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
67.01	06701	OCCUPATION THERAPY I-65	0.000000			67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.000000			67.02
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.000000			68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000			68.02
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	RADIATION ONCOLOGY	0.000000			76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.000000			76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CLINIC	0.000000			90.01
90.02	09002	OUTPATIENT CLINICS	0.000000			90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000			90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000			90.04
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
OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/30/2024 10:06 am
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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	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,256,673	0	5,256,673	35,834	146.70	30.00
31.00	INTENSIVE CARE UNIT	1,444,312		1,444,312	3,846	375.54	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,090,150		1,090,150	3,735	291.87	35.00
41.00	SUBPROVIDER - IRF	1,063,252	0	1,063,252	3,989	266.55	41.00
43.00	NURSERY	65,632		65,632	2,352	27.90	43.00
200.00	Total (lines 30 through 199)	8,920,019		8,920,019	49,756		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	12,312	1,806,170				30.00
31.00	INTENSIVE CARE UNIT	1,449	544,157				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00	SUBPROVIDER - IRF	1,988	529,901				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	15,749	2,880,228				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/30/2024 10:06 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	4,184,019	142,744,483	0.029311	19,174,406	562,021	50.00
51.00	05100	RECOVERY ROOM	481,286	21,679,290	0.022200	1,760,487	39,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,676	6,988,298	0.010543	24,644	260	52.00
53.00	05300	ANESTHESIOLOGY	286,286	27,275,880	0.010496	3,016,339	31,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,638,665	232,172,476	0.011365	24,218,860	275,247	54.00
54.01	05401	RADIOLOGY - I-65	270,193	24,717,168	0.010931	41,012	448	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0.000000	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	12,083	36,824	0.328128	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,192,373	49,459,743	0.024108	8,151,310	196,512	55.01
55.02	03140	CARDIOLOGY	418,190	33,919,362	0.012329	5,136,697	63,330	55.02
55.03	03450	NEURO-DIAGNOSTICS	168,276	10,112,496	0.016640	584,463	9,725	55.03
60.00	06000	LABORATORY	940,997	180,178,953	0.005223	25,938,130	135,475	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	302,519	19,657,993	0.015389	6,239,247	96,016	65.00
66.00	06600	PHYSICAL THERAPY	224,217	4,398,506	0.050976	886,100	45,170	66.00
66.01	06601	PHYSICAL THERAPY I-65	44,223	4,004,113	0.011044	294	3	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	12,156	1,275,061	0.009534	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	22,570	4,591,392	0.004916	1,068,691	5,254	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	3,651	454,988	0.008024	130	1	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	397	82,240	0.004827	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	14,367	4,016,943	0.003577	774,544	2,771	68.00
68.01	06801	SPEECH PATHOLOGY I-65	11,853	2,542,739	0.004662	120	1	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0.000000	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	88,732	3,164,363	0.028041	28,906	811	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	996,001	48,784,521	0.020416	13,535,829	276,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	507,328	46,259,532	0.010967	8,477,993	92,978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	396,512	62,950,139	0.006299	16,810,781	105,891	73.00
74.00	07400	RENAL DIALYSIS	38,815	1,272,481	0.030503	488,722	14,907	74.00
76.00	03020	RADIATION ONCOLOGY	156,901	16,558,543	0.009476	76,891	729	76.00
76.01	03040	ANGIOCARDIOGRAPHY	9,023	1,152,047	0.007832	3,060	24	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	135	0	0.000000	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	840	87,567	0.009593	0	0	90.04
90.05	09005	LACTATION CLINIC	1,625	20,350	0.079853	0	0	90.05
91.00	09100	EMERGENCY	1,487,494	133,967,907	0.011103	11,766,086	130,639	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	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	647,949	10,898,738	0.059452	1,288,763	76,620	92.00
200.00		Total (lines 50 through 199)	15,633,352	1,095,425,136		149,492,505	2,161,922	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/30/2024 10:06 am
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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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	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	35,834	0.00	12,312 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,846	0.00	1,449 31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,735	0.00	0 35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,989	0.00	1,988 41.00
43.00	04300	NURSERY	0	0	2,352	0.00	0 43.00
200.00		Total (lines 30 through 199)	0	0	49,756		15,749 200.00
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
41.00	04100	SUBPROVIDER - IRF	0				41.00
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 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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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	Allied Health Post-Stepdown Adjustments				
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
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	167,009	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
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
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	889,030	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	1,056,039	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	142,744,483	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	21,679,290	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,988,298	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	27,275,880	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	232,172,476	0.000000	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	24,717,168	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	36,824	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	49,459,743	0.000000	55.01
55.02 03140 RADIOLOGY	0	0	0	33,919,362	0.000000	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	10,112,496	0.000000	55.03
60.00 06000 LABORATORY	0	0	0	180,178,953	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	19,657,993	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,398,506	0.000000	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	4,004,113	0.000000	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	1,275,061	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,591,392	0.000000	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	454,988	0.000000	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	82,240	0.000000	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,016,943	0.000000	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	2,542,739	0.000000	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0.000000	68.02
69.00 06900 ELECTROCARDIOLOGY	0	167,009	167,009	3,164,363	0.052778	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,784,521	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,259,532	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	62,950,139	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,272,481	0.000000	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	16,558,543	0.000000	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	1,152,047	0.000000	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	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	87,567	0.000000	90.04
90.05 09005 LACTATION CLINIC	0	0	0	20,350	0.000000	90.05
91.00 09100 EMERGENCY	0	889,030	889,030	133,967,907	0.006636	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	10,898,738	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,056,039	1,056,039	1,095,425,136		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	19,174,406	0	20,253,455	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,760,487	0	3,451,575	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	24,644	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,016,339	0	3,208,196	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	24,218,860	0	38,410,185	0	54.00
54.01	05401 RADIOLOGY - I-65	0.000000	41,012	0	5,538,972	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	8,151,310	0	10,190,513	0	55.01
55.02	03140 RADIOLOGY	0.000000	5,136,697	0	7,173,930	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.000000	584,463	0	1,471,994	0	55.03
60.00	06000 LABORATORY	0.000000	25,938,130	0	4,622,759	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	6,239,247	0	1,395,056	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	886,100	0	73	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.000000	294	0	3,305	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000	0	0	1,029	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,068,691	0	265	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.000000	130	0	1,662	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	335	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	774,544	0	1,327	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.000000	120	0	17,415	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.052778	28,906	1,526	1,328,465	70,114	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	13,535,829	0	8,967,088	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,477,993	0	8,218,181	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	16,810,781	0	4,240,003	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	488,722	0	40,908	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.000000	76,891	0	4,879,764	0	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.000000	3,060	0	566,267	0	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	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	0.000000	0	0	386	0	90.04
90.05	09005 LACTATION CLINIC	0.000000	0	0	192	0	90.05
91.00	09100 EMERGENCY	0.006636	11,766,086	78,080	12,585,667	83,518	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	1,288,763	0	1,124,150	0	92.00
200.00	Total (lines 50 through 199)		149,492,505	79,606	137,693,117	153,632	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.168545	20,253,455	0	0	3,413,619	50.00
51.00	05100 RECOVERY ROOM	0.073981	3,451,575	0	0	255,351	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511524	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028063	3,208,196	0	0	90,032	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082285	38,410,185	0	0	3,160,582	54.00
54.01	05401 RADIOLOGY - I-65	0.058651	5,538,972	0	0	324,866	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.562486	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	0.128347	10,190,513	0	0	1,307,922	55.01
55.02	03140 RADIOLOGY	0.082838	7,173,930	0	0	594,274	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.131337	1,471,994	0	0	193,327	55.03
60.00	06000 LABORATORY	0.117422	4,622,759	0	0	542,814	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.189548	1,395,056	0	0	264,430	65.00
66.00	06600 PHYSICAL THERAPY	0.535173	73	0	0	39	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.364425	3,305	0	0	1,204	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.297387	1,029	0	0	306	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.231298	265	0	0	61	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.385228	1,662	0	0	640	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.226277	335	0	0	76	67.02
68.00	06800 SPEECH PATHOLOGY	0.165399	1,327	0	0	219	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.218846	17,415	0	0	3,811	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.396672	1,328,465	0	0	526,965	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	8,967,088	0	0	5,199,180	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316794	8,218,181	0	0	2,603,470	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238649	4,240,003	0	2,797	1,011,872	73.00
74.00	07400 RENAL DIALYSIS	0.565999	40,908	0	0	23,154	74.00
76.00	03020 RADIATION ONCOLOGY	0.097734	4,879,764	0	0	476,919	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.373480	566,267	0	0	211,489	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	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	0.350166	386	0	0	135	90.04
90.05	09005 LACTATION CLINIC	2.449681	192	0	0	470	90.05
91.00	09100 EMERGENCY	0.109585	12,585,667	0	0	1,379,200	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	0.545790	1,124,150	0	0	613,550	92.00
200.00	Subtotal (see instructions)		137,693,117	0	2,797	22,199,977	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		137,693,117	0	2,797	22,199,977	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 10:06 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs		668	200.00
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	668		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
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
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	668		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	668		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 10:06 am	
			Title XVIII		Subprovider - IRF		PPS	
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	4,184,019	142,744,483	0.029311	81,068	2,376	50.00
51.00	05100	RECOVERY ROOM	481,286	21,679,290	0.022200	6,822	151	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,676	6,988,298	0.010543	0	0	52.00
53.00	05300	ANESTHESIOLOGY	286,286	27,275,880	0.010496	6,972	73	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,638,665	232,172,476	0.011365	205,852	2,340	54.00
54.01	05401	RADIOLOGY - I-65	270,193	24,717,168	0.010931	345	4	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0.000000	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	12,083	36,824	0.328128	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,192,373	49,459,743	0.024108	61,093	1,473	55.01
55.02	03140	CARDIOLOGY	418,190	33,919,362	0.012329	37,205	459	55.02
55.03	03450	NEURO-DIAGNOSTICS	168,276	10,112,496	0.016640	13,831	230	55.03
60.00	06000	LABORATORY	940,997	180,178,953	0.005223	649,203	3,391	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	302,519	19,657,993	0.015389	144,661	2,226	65.00
66.00	06600	PHYSICAL THERAPY	224,217	4,398,506	0.050976	1,007,083	51,337	66.00
66.01	06601	PHYSICAL THERAPY I-65	44,223	4,004,113	0.011044	370	4	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	12,156	1,275,061	0.009534	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	22,570	4,591,392	0.004916	1,071,266	5,266	67.00
67.01	06701	OCCUPATION THERAPY I-65	3,651	454,988	0.008024	371	3	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	397	82,240	0.004827	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	14,367	4,016,943	0.003577	441,595	1,580	68.00
68.01	06801	SPEECH PATHOLOGY I-65	11,853	2,542,739	0.004662	68	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0.000000	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	88,732	3,164,363	0.028041	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	996,001	48,784,521	0.020416	230,514	4,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	507,328	46,259,532	0.010967	4,891	54	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	396,512	62,950,139	0.006299	536,939	3,382	73.00
74.00	07400	RENAL DIALYSIS	38,815	1,272,481	0.030503	8,334	254	74.00
76.00	03020	RADIATION ONCOLOGY	156,901	16,558,543	0.009476	0	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	9,023	1,152,047	0.007832	204	2	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	135	0	0.000000	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	840	87,567	0.009593	0	0	90.04
90.05	09005	LACTATION CLINIC	1,625	20,350	0.079853	0	0	90.05
91.00	09100	EMERGENCY	1,487,494	133,967,907	0.011103	3,279	36	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	0	10,898,738	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	14,985,403	1,095,425,136		4,511,966	79,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	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 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	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 OCCUPATIONAL 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	167,009	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
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
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	889,030	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
200.00	Total (lines 50 through 199)	0	0	0	0	1,056,039	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	142,744,483	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	21,679,290	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,988,298	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	27,275,880	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	232,172,476	0.000000	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	24,717,168	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	36,824	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	49,459,743	0.000000	55.01
55.02 03140 CARDIOLOGY	0	0	0	33,919,362	0.000000	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	10,112,496	0.000000	55.03
60.00 06000 LABORATORY	0	0	0	180,178,953	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	19,657,993	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,398,506	0.000000	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	4,004,113	0.000000	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	1,275,061	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,591,392	0.000000	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	454,988	0.000000	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	82,240	0.000000	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,016,943	0.000000	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	2,542,739	0.000000	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0.000000	68.02
69.00 06900 ELECTROCARDIOLOGY	0	167,009	167,009	3,164,363	0.052778	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,784,521	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,259,532	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	62,950,139	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,272,481	0.000000	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	16,558,543	0.000000	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	1,152,047	0.000000	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	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	87,567	0.000000	90.04
90.05 09005 LACTATION CLINIC	0	0	0	20,350	0.000000	90.05
91.00 09100 EMERGENCY	0	889,030	889,030	133,967,907	0.006636	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	10,898,738	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,056,039	1,056,039	1,095,425,136		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	81,068	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	6,822	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,972	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	205,852	0	0	54.00
54.01	05401	RADIOLOGY - I-65	0.000000	345	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.000000	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.000000	61,093	0	0	55.01
55.02	03140	CARDIOLOGY	0.000000	37,205	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.000000	13,831	0	0	55.03
60.00	06000	LABORATORY	0.000000	649,203	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	144,661	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,007,083	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.000000	370	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,071,266	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.000000	371	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.000000	441,595	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.000000	68	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.052778	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	230,514	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,891	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	536,939	0	116	73.00
74.00	07400	RENAL DIALYSIS	0.000000	8,334	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0.000000	0	0	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.000000	204	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0.000000	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	90.04
90.05	09005	LACTATION CLINIC	0.000000	0	0	0	90.05
91.00	09100	EMERGENCY	0.006636	3,279	22	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		4,511,966	22	116	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 10:06 am	
		Component CCN: 15-T126		PPS	
		Title XVIII	Subprovider - IRF		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.168545	0	0	0
51.00	05100 RECOVERY ROOM	0.073981	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511524	0	0	0
53.00	05300 ANESTHESIOLOGY	0.028063	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082285	0	0	0
54.01	05401 RADIOLOGY - I-65	0.058651	0	0	0
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0
54.03	05403 LOWELL RADIOLOGY	0.562486	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0
55.01	05501 CARDIAC CATHETERIZATION LAB	0.128347	0	0	0
55.02	03140 RADIOLOGY	0.082838	0	0	0
55.03	03450 NEURO-DIAGNOSTICS	0.131337	0	0	0
60.00	06000 LABORATORY	0.117422	0	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.189548	0	0	0
66.00	06600 PHYSICAL THERAPY	0.535173	0	0	0
66.01	06601 PHYSICAL THERAPY I-65	0.364425	0	0	0
66.02	06602 PHYSICAL THERAPY ST JOHN	0.297387	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.231298	0	0	0
67.01	06701 OCCUPATIONAL THERAPY I-65	0.385228	0	0	0
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.226277	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.165399	0	0	0
68.01	06801 SPEECH PATHOLOGY I-65	0.218846	0	0	0
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.396672	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316794	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238649	116	0	300
74.00	07400 RENAL DIALYSIS	0.565999	0	0	0
76.00	03020 RADIATION ONCOLOGY	0.097734	0	0	0
76.01	03040 ANGIOCARDIOGRAPHY	0.373480	0	0	0
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	0
90.01	09001 DIABETES CLINIC	0.000000	0	0	0
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	0
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.350166	0	0	0
90.05	09005 LACTATION CLINIC	2.449681	0	0	0
91.00	09100 EMERGENCY	0.109585	0	0	0
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0
91.02	09102 EXPRESS CARE	0.000000	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.545790	0	0	0
200.00	Subtotal (see instructions)		116	0	300
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)		116	0	300

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 10:06 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	55.01
55.02 03140 RADIOLOGY	0	0	55.02
55.03 03450 RADIOLOGY-DIAGNOSTIC	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 OCCUPATIONAL 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	72	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
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	90.04
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	72	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	72	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 10:06 am
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		Title XIX		Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.168545	0	11,779,105	0	0	50.00
51.00	05100 RECOVERY ROOM	0.073981	0	2,230,124	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511524	0	8,848	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028063	0	2,169,226	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082285	0	23,795,718	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0.058651	0	2,443,898	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.562486	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	0.128347	0	1,040,255	0	0	55.01
55.02	03140 RADIOLOGY	0.082838	0	2,253,486	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.131337	0	1,589,135	0	0	55.03
60.00	06000 LABORATORY	0.117422	0	19,623,531	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.189548	0	487,761	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.535173	0	20,440	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.364425	0	483,855	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.297387	0	124,620	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.231298	0	19,999	0	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.385228	0	63,354	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.226277	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.165399	0	16,199	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.218846	0	942,709	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.396672	0	160,086	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	0	3,301,760	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316794	0	4,525,091	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238649	0	2,218,338	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.565999	0	5,999	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.097734	0	1,657,915	0	0	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.373480	0	83,269	0	0	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	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	0.350166	0	44,087	0	0	90.04
90.05	09005 LACTATION CLINIC	2.449681	0	5,940	0	0	90.05
91.00	09100 EMERGENCY	0.109585	0	21,957,221	0	0	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	0.545790	0	1,058,593	0	0	92.00
200.00	Subtotal (see instructions)		0	104,110,562	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	104,110,562	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 10:06 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,985,309	0		50.00
51.00 05100 RECOVERY ROOM	164,987	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,526	0		52.00
53.00 05300 ANESTHESIOLOGY	60,875	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,958,031	0		54.00
54.01 05401 RADIOLOGY - I-65	143,337	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	133,514	0		55.01
55.02 03140 RADIOLOGY	186,674	0		55.02
55.03 03450 RADIOLOGY-DIAGNOSTIC	208,712	0		55.03
60.00 06000 LABORATORY	2,304,234	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	92,454	0		65.00
66.00 06600 PHYSICAL THERAPY	10,939	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	176,329	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	37,060	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	4,626	0		67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	24,406	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	2,679	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	206,308	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	63,502	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,914,384	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,433,522	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	529,404	0		73.00
74.00 07400 RENAL DIALYSIS	3,395	0		74.00
76.00 03020 RADIOLOGY ONCOLOGY	162,035	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	31,099	0		76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	15,438	0		90.04
90.05 09005 LACTATION CLINIC	14,551	0		90.05
91.00 09100 EMERGENCY	2,406,182	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	577,769	0		92.00
200.00 Subtotal (see instructions)	14,856,281	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	14,856,281	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 10:06 am	
		Title XIX		Subprovider - IRF		TEFRA	
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	4,184,019	142,744,483	0.029311	0	0 50.00
51.00	05100	RECOVERY ROOM	481,286	21,679,290	0.022200	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,676	6,988,298	0.010543	0	0 52.00
53.00	05300	ANESTHESIOLOGY	286,286	27,275,880	0.010496	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,638,665	232,172,476	0.011365	0	0 54.00
54.01	05401	RADIOLOGY - I-65	270,193	24,717,168	0.010931	0	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0.000000	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	12,083	36,824	0.328128	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,192,373	49,459,743	0.024108	0	0 55.01
55.02	03140	CARDIOLOGY	418,190	33,919,362	0.012329	0	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	168,276	10,112,496	0.016640	0	0 55.03
60.00	06000	LABORATORY	940,997	180,178,953	0.005223	1,848	10 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	302,519	19,657,993	0.015389	0	0 65.00
66.00	06600	PHYSICAL THERAPY	224,217	4,398,506	0.050976	0	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	44,223	4,004,113	0.011044	0	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	12,156	1,275,061	0.009534	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	22,570	4,591,392	0.004916	0	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	3,651	454,988	0.008024	0	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	397	82,240	0.004827	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	14,367	4,016,943	0.003577	0	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	11,853	2,542,739	0.004662	0	0 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0.000000	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	88,732	3,164,363	0.028041	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	996,001	48,784,521	0.020416	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	507,328	46,259,532	0.010967	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	396,512	62,950,139	0.006299	0	0 73.00
74.00	07400	RENAL DIALYSIS	38,815	1,272,481	0.030503	0	0 74.00
76.00	03020	RADIATION ONCOLOGY	156,901	16,558,543	0.009476	0	0 76.00
76.01	03040	ANGIOCARDIOGRAPHY	9,023	1,152,047	0.007832	0	0 76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	DIABETES CLINIC	0	0	0.000000	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	135	0	0.000000	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0.000000	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	840	87,567	0.009593	0	0 90.04
90.05	09005	LACTATION CLINIC	1,625	20,350	0.079853	0	0 90.05
91.00	09100	EMERGENCY	1,487,494	133,967,907	0.011103	0	0 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	0	10,898,738	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	14,985,403	1,095,425,136		1,848	10 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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	Title XIX	Subprovider - IRF	TEFRA
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	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 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-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 OCCUPATIONAL 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	167,009	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
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
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	889,030	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	1,056,039	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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	Title XIX	Subprovider - IRF	TEFRA
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	142,744,483	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	21,679,290	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,988,298	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	27,275,880	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	232,172,476	0.000000	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	24,717,168	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	36,824	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	49,459,743	0.000000	55.01
55.02 03140 RADIOLOGY	0	0	0	33,919,362	0.000000	55.02
55.03 03450 RADIOLOGY-DIAGNOSTICS	0	0	0	10,112,496	0.000000	55.03
60.00 06000 LABORATORY	0	0	0	180,178,953	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	19,657,993	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,398,506	0.000000	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	4,004,113	0.000000	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	1,275,061	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,591,392	0.000000	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	454,988	0.000000	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	82,240	0.000000	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,016,943	0.000000	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	2,542,739	0.000000	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0.000000	68.02
69.00 06900 ELECTROCARDIOLOGY	0	167,009	167,009	3,164,363	0.052778	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,784,521	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,259,532	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	62,950,139	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,272,481	0.000000	74.00
76.00 03020 RADIOLOGY ONCOLOGY	0	0	0	16,558,543	0.000000	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	1,152,047	0.000000	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	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	87,567	0.000000	90.04
90.05 09005 LACTATION CLINIC	0	0	0	20,350	0.000000	90.05
91.00 09100 EMERGENCY	0	889,030	889,030	133,967,907	0.006636	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	10,898,738	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,056,039	1,056,039	1,095,425,136		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 10:06 am
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	Title XIX	Subprovider - IRF	TEFRA
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	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	0	0	0	0	55.01
55.02	03140 RADIOLOGY	0.000000	0	0	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.000000	0	0	0	0	55.03
60.00	06000 LABORATORY	0.000000	1,848	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	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	0	0	0	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.000000	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	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	0.052778	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	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	0.000000	0	0	0	0	90.04
90.05	09005 LACTATION CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.006636	0	0	0	0	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	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		1,848	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2024 10:06 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,834	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,834	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)		31,417	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)		12,312	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,258,042	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		48,258,042	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,258,042	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,346.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,580,694	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)		16,580,694	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,883,196	3,846	2,829.74	1,449	4,100,293	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	7,050,728	3,735	1,887.75	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,916,354	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					49,597,341	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)					2,350,327	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,241,528	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,591,855	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					45,005,486	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)					4,417	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,346.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,948,418	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am	
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	5,256,673	48,258,042	0.108928	5,948,418	647,949	90.00
91.00	Nursing Program cost	0	48,258,042	0.000000	5,948,418	0	91.00
92.00	Allied health cost	0	48,258,042	0.000000	5,948,418	0	92.00
93.00	All other Medical Education	0	48,258,042	0.000000	5,948,418	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,989 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,989 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)			3,989 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)			1,988 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,617,339 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)			6,617,339 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,617,339 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,658.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,297,893 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)			3,297,893 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Component CCN: 15-T126				Date/Time Prepared: 5/30/2024 10:06 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,276,288	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					4,574,181	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)					529,901	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					79,369	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					609,270	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,964,911	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,063,252	6,617,339	0.160677	0	0	90.00
91.00	Nursing Program cost	0	6,617,339	0.000000	0	0	91.00
92.00	Allied health cost	0	6,617,339	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,617,339	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,834	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,834	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)		31,417	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)		239	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)		2,352	15.00
16.00	Nursery days (title V or XIX only)		22	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,258,042	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		48,258,042	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,258,042	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,346.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		321,864	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)		321,864	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	3,053,960	2,352	1,298.45	22	28,566	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,883,196	3,846	2,829.74	25	70,744	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	7,050,728	3,735	1,887.75	150	283,163	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,321,549	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					8,025,886	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)					4,417	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,346.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,948,418	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am	
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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,256,673	48,258,042	0.108928	5,948,418	647,949	90.00
91.00	Nursing Program cost	0	48,258,042	0.000000	5,948,418	0	91.00
92.00	Allied health cost	0	48,258,042	0.000000	5,948,418	0	92.00
93.00	All other Medical Education	0	48,258,042	0.000000	5,948,418	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am
		Title XIX	Subprovider - IRF	TEFRA
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,989 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,989 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)			3,989 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)			0 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)			2,352 15.00
16.00	Nursery days (title V or XIX only)			22 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,617,339 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)			6,617,339 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,617,339 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,658.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1			
		Component CCN: 15-T126				Date/Time Prepared: 5/30/2024 10:06 am			
		Title XIX		Subprovider - IRF		TEFRA			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00		
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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	0	0	0.00	0	0	47.00		
Cost Center Description									
		1.00							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							217	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)							0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)							217	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)							0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							10	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							10	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							207	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							23	54.00
55.00	Target amount per discharge							0.00	55.00
55.01	Permanent adjustment amount per discharge							0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)							0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							-207	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)							0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)							0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)							10	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)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 10:06 am
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	6,617,339	0.000000	0	0	90.00
91.00	Nursing Program cost	0	6,617,339	0.000000	0	0	91.00
92.00	Allied health cost	0	6,617,339	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,617,339	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,983,984	30.00
31.00	03100	INTENSIVE CARE UNIT		5,545,567	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168545	19,174,406	50.00
51.00	05100	RECOVERY ROOM	0.073981	1,760,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511524	24,644	52.00
53.00	05300	ANESTHESIOLOGY	0.028063	3,016,339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082285	24,218,860	54.00
54.01	05401	RADIOLOGY - I-65	0.058651	41,012	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.562486	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.128347	8,151,310	55.01
55.02	03140	CARDIOLOGY	0.082838	5,136,697	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.131337	584,463	55.03
60.00	06000	LABORATORY	0.117422	25,938,130	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.189548	6,239,247	65.00
66.00	06600	PHYSICAL THERAPY	0.535173	886,100	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.364425	294	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.297387	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.231298	1,068,691	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.385228	130	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.226277	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.165399	774,544	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.218846	120	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.396672	28,906	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	13,535,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316794	8,477,993	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.238649	16,810,781	73.00
74.00	07400	RENAL DIALYSIS	0.565999	488,722	74.00
76.00	03020	RADIATION ONCOLOGY	0.097734	76,891	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.373480	3,060	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	0.000000	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	0.350166	0	90.04
90.05	09005	LACTATION CLINIC	2.449681	0	90.05
91.00	09100	EMERGENCY	0.109585	11,766,086	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	0.545790	1,288,763	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		149,492,505	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)		149,492,505	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 10:06 am	
		Title XVIII	Subprovider - IRF	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY		3,278,212	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168545	81,068	50.00
51.00	05100	RECOVERY ROOM	0.073981	6,822	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511524	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028063	6,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082285	205,852	54.00
54.01	05401	RADIOLOGY - I-65	0.058651	345	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.562486	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.128347	61,093	55.01
55.02	03140	CARDIOLOGY	0.082838	37,205	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.131337	13,831	55.03
60.00	06000	LABORATORY	0.117422	649,203	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.189548	144,661	65.00
66.00	06600	PHYSICAL THERAPY	0.535173	1,007,083	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.364425	370	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.297387	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.231298	1,071,266	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.385228	371	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.226277	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.165399	441,595	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.218846	68	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.396672	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	230,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316794	4,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.238649	536,939	73.00
74.00	07400	RENAL DIALYSIS	0.565999	8,334	74.00
76.00	03020	RADIATION ONCOLOGY	0.097734	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.373480	204	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	0.000000	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	0.350166	0	90.04
90.05	09005	LACTATION CLINIC	2.449681	0	90.05
91.00	09100	EMERGENCY	0.109585	3,279	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	0.545790	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,511,966	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)		4,511,966	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 10:06 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		5,980,106		30.00
31.00	03100 INTENSIVE CARE UNIT		1,735,949		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		8,224,373		35.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
43.00	04300 NURSERY		1,152,154		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.168545	5,668,242	955,354	50.00
51.00	05100 RECOVERY ROOM	0.073981	930,185	68,816	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511524	1,280,188	654,847	52.00
53.00	05300 ANESTHESIOLOGY	0.028063	854,339	23,975	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082285	5,784,345	475,965	54.00
54.01	05401 RADIOLOGY - I-65	0.058651	11,694	686	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.562486	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.128347	1,177,181	151,088	55.01
55.02	03140 RADIOLOGY	0.082838	949,278	78,636	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.131337	222,793	29,261	55.03
60.00	06000 LABORATORY	0.117422	8,338,516	979,125	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.189548	1,771,378	335,761	65.00
66.00	06600 PHYSICAL THERAPY	0.535173	340,630	182,296	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.364425	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.297387	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.231298	237,673	54,973	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.385228	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.226277	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.165399	606,024	100,236	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.218846	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.396672	4,597	1,824	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	1,968,197	1,141,174	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316794	833,926	264,183	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238649	5,180,858	1,236,407	73.00
74.00	07400 RENAL DIALYSIS	0.565999	58,338	33,019	74.00
76.00	03020 RADIOLOGY ONCOLOGY	0.097734	63,301	6,187	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.373480	21,072	7,870	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.350166	0	0	90.04
90.05	09005 LACTATION CLINIC	2.449681	0	0	90.05
91.00	09100 EMERGENCY	0.109585	3,757,036	411,715	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.545790	234,800	128,151	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		40,294,591	7,321,549	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		40,294,591		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 10:06 am	
		Title XIX	Subprovider - IRF	TEFRA	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF		394,111	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168545	0	50.00
51.00	05100	RECOVERY ROOM	0.073981	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511524	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082285	0	54.00
54.01	05401	RADIOLOGY - I-65	0.058651	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.562486	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.128347	0	55.01
55.02	03140	CARDIOLOGY	0.082838	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.131337	0	55.03
60.00	06000	LABORATORY	0.117422	1,848	217 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.189548	0	65.00
66.00	06600	PHYSICAL THERAPY	0.535173	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.364425	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.297387	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.231298	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.385228	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.226277	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.165399	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.218846	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.396672	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.579807	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316794	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.238649	0	73.00
74.00	07400	RENAL DIALYSIS	0.565999	0	74.00
76.00	03020	RADIATION ONCOLOGY	0.097734	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.373480	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	0.000000	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	0.350166	0	90.04
90.05	09005	LACTATION CLINIC	2.449681	0	90.05
91.00	09100	EMERGENCY	0.109585	0	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	0.545790	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,848	217 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,848	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,612,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,150,693	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)		963,799	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		148,570	2.04
3.00	Managed Care Simulated Payments		19,190,137	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.74	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
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
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
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
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
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).		2.00	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
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		1.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.50	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)		1.50	12.00
13.00	Total allowable FTE count for the prior year.		0.68	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.		0.98	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.05	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		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		1.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.005874	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.003542	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.003542	21.00
22.00	IME payment adjustment (see instructions)		67,268	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		37,133	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.07	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)		67,268	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		37,133	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.70	31.00
32.00	Sum of lines 30 and 31		21.11	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.63	33.00
34.00	Disproportionate share adjustment (see instructions)		576,207	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000309438	0.000281719	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	2,127,201	1,672,847	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,591,029	420,497	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,011,526		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
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)	38,530,945		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		38,568,078	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,829,208	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).		54,211	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		101,407	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
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
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)		79,606	58.00
59.00	Total (sum of amounts on lines 49 through 58)		41,632,510	59.00
60.00	Primary payer payments		23,217	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,609,293	61.00
62.00	Deductibles billed to program beneficiaries		3,349,036	62.00
63.00	Coinurance billed to program beneficiaries		99,736	63.00
64.00	Allowable bad debts (see instructions)		143,972	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		93,582	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		32,792	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,254,103	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
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
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)		-123,670	70.93
70.94	HRR adjustment amount (see instructions)		-513,001	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 10:06 am	
		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		0	70.98
70.99	HAC adjustment amount (see instructions)			104,173	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			37,513,259	71.00
71.01	Sequestration adjustment (see instructions)			750,265	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			36,615,603	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			147,391	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			532,119	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2024 10:06 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,612,882	0	25,612,882		25,612,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,150,693	0		9,150,693	9,150,693	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	963,799	0	963,799		963,799	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	148,570	0		148,570	148,570	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,190,137	0	14,306,879	4,883,258	19,190,137	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003542	0.003542	0.003542	0.003542		5.00
6.00	IME payment adjustment (see instructions)	22.00	67,268	0	49,561	17,707	67,268	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	37,133	0	27,684	9,449	37,133	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	67,268	0	49,561	17,707	67,268	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	37,133	0	27,684	9,449	37,133	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0663	0.0663	0.0663	0.0663		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	576,207	0	424,534	151,673	576,207	11.00
11.01	Uncompensated care payments	36.00	2,011,526	0	1,591,029	420,497	2,011,526	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,530,945	0	28,641,805	9,889,140	38,530,945	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,568,078	0	28,669,489	9,898,589	38,568,078	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,829,208	0	2,085,218	743,990	2,829,208	16.00
17.00	Special add-on payments for new technologies	54.00	101,407	0	101,407	0	101,407	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2024 10:06 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	30,856,114	10,642,579	41,498,693	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,645,892	0	1,936,303	709,589	2,645,892	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	60,811	0	59,264	1,547	60,811	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0027	0.0027	0.0027	0.0027		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	7,144	0	5,228	1,916	7,144	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0436	0.0436	0.0436	0.0436		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	115,361	0	84,423	30,938	115,361	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,829,208	0	2,085,218	743,990	2,829,208	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0126		Period: From 01/01/2023 To 12/31/2023		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2024 10:06 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,612,882	25,612,882		25,612,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,150,693		9,150,693	9,150,693	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	963,799	963,799		963,799	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	148,570		148,570	148,570	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,190,137	14,306,879	4,883,258	19,190,137	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003542	0.003542	0.003542		5.00
6.00	IME payment adjustment (see instructions)	22.00	67,268	49,561	17,707	67,268	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	37,133	27,684	9,449	37,133	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	67,268	49,561	17,707	67,268	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	37,133	27,684	9,449	37,133	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0663	0.0663	0.0663		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	576,207	424,534	151,673	576,207	11.00
11.01	Uncompensated care payments	36.00	2,011,526	1,591,029	420,497	2,011,526	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,530,945	28,641,805	9,889,140	38,530,945	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,568,078	28,669,489	9,898,589	38,568,078	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,829,208	2,085,218	743,990	2,829,208	16.00
17.00	Special add-on payments for new technologies	54.00	101,407	101,407	0	101,407	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,856,114	10,642,579	41,498,693	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2024 10:06 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,645,892	1,936,303	709,589	2,645,892	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	60,811	59,264	1,547	60,811	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0027	0.0027	0.0027		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	7,144	5,228	1,916	7,144	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0436	0.0436	0.0436		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	115,361	84,423	30,938	115,361	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,829,208	2,085,218	743,990	2,829,208	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-123,670	0	-123,670	-123,670	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-513,001	-411,428	-101,573	-513,001	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	104,173	104,173	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		668	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,046,345	2.00
3.00	OPPS or REH payments		17,035,122	3.00
4.00	Outlier payment (see instructions)		80,508	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		153,632	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		668	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,797	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)		2,797	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,797	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,129	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)		668	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)		17,269,262	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,008,240	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)		14,261,690	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		22,217	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		14,283,907	30.00
31.00	Primary payer payments		9,090	31.00
32.00	Subtotal (line 30 minus line 31)		14,274,817	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		199,977	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		129,985	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		151,709	36.00
37.00	Subtotal (see instructions)		14,404,802	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-239	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
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)		14,405,041	40.00
40.01	Sequestration adjustment (see instructions)		288,101	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		14,015,111	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)		101,829	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		72	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28	2.00
3.00	OPPS or REH payments		163	3.00
4.00	Outlier payment (see instructions)		0	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		72	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		300	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)		300	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		300	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		228	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)		72	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)		163	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		235	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		235	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		235	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		235	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
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)		235	40.00
40.01	Sequestration adjustment (see instructions)		5	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		218	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)		12	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDI CARE PART B ANCILLARY COSTS Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 10:06 am

		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		36,615,603		14,015,111	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)		36,615,603		14,015,111	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		147,391		101,829	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		36,762,994		14,116,940	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126
Component CCN: 15-T126

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 10:06 am
PPS

Title XVIII

Subprovider -
IRF

		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					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		4,092,558		218	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)		4,092,558		218	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		87,373		12	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,179,931		230	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 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,608,718 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			89,135 3.00
4.00	Outlier Payments			594,561 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.928767 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,292,414 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,292,414 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,292,414 19.00
20.00	Deductibles			27,200 20.00
21.00	Subtotal (line 19 minus line 20)			4,265,214 21.00
22.00	Coinurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			4,265,214 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,265,214 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			22 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,265,236 32.00
32.01	Sequestration adjustment (see instructions)			85,305 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,092,558 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			87,373 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			594,561 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2024 10:06 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		8,025,886		1.00
2.00	Medical and other services			14,856,281	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,025,886	14,856,281	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,025,886	14,856,281	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		40,294,591	104,110,562	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		40,294,591	104,110,562	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		40,294,591	104,110,562	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		32,268,705	89,254,281	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		8,025,886	14,856,281	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		8,025,886	14,856,281	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		8,025,886	14,856,281	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		8,025,886	14,856,281	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		8,025,886	14,856,281	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		8,025,886	14,856,281	40.00
41.00	Interim payments		8,025,886	14,856,281	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2024 10:06 am
		Title XIX	Subprovider - IRF	TEFRA
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		10	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		10	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		10	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		1,848	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,848	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		1,848	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,838	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		10	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		10	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		10	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		10	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		10	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		10	40.00
41.00	Interim payments		10	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/30/2024 10:06 am	
		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
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
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
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
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))			2.00	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
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			1.56	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.50	6.00
7.00	Enter the lesser of line 5 or line 6			1.50	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	1.50	1.50	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. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	1.50	1.50	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	1.50		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.24		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	1.24		17.00
18.00	Per resident amount	0.00	0.00		18.00
18.01	Per resident amount under §131 of the CAA 2021	103,623.37	108,714.85		18.01
19.00	Approved amount for resident costs	0	134,806	134,806	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			134,806	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/30/2024 10:06 am
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		Title XVIII		Hospital	PPS
		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)	15,749	9,249		26.00
27.00	Total Inpatient Days (see instructions)	43,559	43,559		27.00
28.00	Ratio of inpatient days to total inpatient days	0.361556	0.212333		28.00
29.00	Program direct GME amount	48,740	28,624	77,364	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		936	936	30.00
31.00	Net Program direct GME amount			76,428	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,272,481	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			54,171,522	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			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)			23,217	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			54,148,305	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			22,200,745	42.00
43.00	Primary payer payments (see instructions)			9,090	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			22,191,655	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			76,339,960	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.709305	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.290695	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			76,428	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			54,211	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			22,217	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/30/2024 10:06 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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 01/01/2023
To 12/31/2023

Worksheet G

Date/Time Prepared:
5/30/2024 10:06 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-164,187,356	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	49,069,592	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,034,630	0	0	0	6.00
7.00	Inventory	4,356,442	0	0	0	7.00
8.00	Prepaid expenses	1,595,765	0	0	0	8.00
9.00	Other current assets	1,575,872	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)	-117,624,315	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,758,812	0	0	0	12.00
13.00	Land improvements	15,969,806	0	0	0	13.00
14.00	Accumulated depreciation	-6,056,592	0	0	0	14.00
15.00	Buildings	496,645,295	0	0	0	15.00
16.00	Accumulated depreciation	-188,354,072	0	0	0	16.00
17.00	Leasehold improvements	796,915	0	0	0	17.00
18.00	Accumulated depreciation	-302,232	0	0	0	18.00
19.00	Fixed equipment	86,216,892	0	0	0	19.00
20.00	Accumulated depreciation	-32,697,990	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	82,142,103	0	0	0	23.00
24.00	Accumulated depreciation	-31,152,615	0	0	0	24.00
25.00	Minor equipment depreciable	0	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)	436,966,322	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	40,496,091	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,496,091	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	359,838,098	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,364,255	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,972,343	0	0	0	38.00
39.00	Payroll taxes payable	7,618,706	0	0	0	39.00
40.00	Notes and loans payable (short term)	851,165	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	-24,860,977	0	0	0	43.00
44.00	Other current liabilities	1,020,073	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,965,565	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,738,052	0	0	0	46.00
47.00	Notes payable	813,142	0	0	0	47.00
48.00	Unsecured loans	922,474	0	0	0	48.00
49.00	Other long term liabilities	12,011,667	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,485,335	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,450,900	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	338,387,198				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)	338,387,198	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	359,838,098	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-1

Date/Time Prepared:
5/30/2024 10:06 am

		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		292,254,051		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		37,199,872			2.00
3.00	Total (sum of line 1 and line 2)		329,453,923		0	3.00
4.00	CHANGE IN FUND BALANCE	8,933,275		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)		8,933,275		0	10.00
11.00	Subtotal (line 3 plus line 10)		338,387,198		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)		338,387,198		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	CHANGE IN FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2024 10:06 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	80,000,000		80,000,000	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,929,162		5,929,162	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)	85,929,162		85,929,162	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,651,907		14,651,907	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	16,912,650		16,912,650	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,564,557		31,564,557	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,493,719		117,493,719	17.00
18.00	Ancillary services	366,780,757	652,252,245	1,019,033,002	18.00
19.00	Outpatient services	28,608,225	82,445,403	111,053,628	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	PHYSICIANS PRIVATE OFFICES	74,836	904,027	978,863	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	512,957,537	735,601,675	1,248,559,212	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,098,622		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)		306,098,622		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-3

Date/Time Prepared:
5/30/2024 10:06 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,248,559,212	1.00
2.00	Less contractual allowances and discounts on patients' accounts	914,749,799	2.00
3.00	Net patient revenues (line 1 minus line 2)	333,809,413	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,098,622	4.00
5.00	Net income from service to patients (line 3 minus line 4)	27,710,791	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	175,968	6.00
7.00	Income from investments	0	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	1,180,791	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	671,239	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	5	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	10,098	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	123,552	20.00
21.00	Rental of vending machines	40,071	21.00
22.00	Rental of hospital space	1,160,525	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUES	6,126,832	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	9,489,081	25.00
26.00	Total (line 5 plus line 25)	37,199,872	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)	37,199,872	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/30/2024 10:06 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,645,892	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		60,811	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)		108.41	3.00
4.00	Number of interns & residents (see instructions)		1.05	4.00
5.00	Indirect medical education percentage (see instructions)		0.27	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)		7,144	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		1.41	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.70	8.00
9.00	Sum of lines 7 and 8		21.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.36	10.00
11.00	Disproportionate share adjustment (see instructions)		115,361	11.00
12.00	Total prospective capital payments (see instructions)		2,829,208	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00